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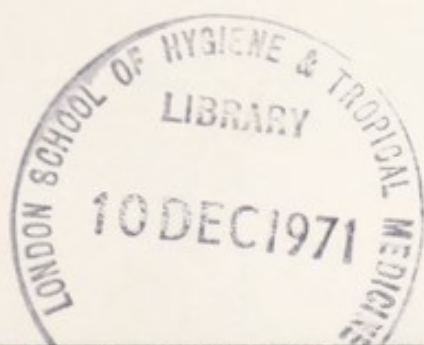
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City of Southampton



Annual Report on the Health and Welfare Services of Southampton in 1970

ANGUS McGREGOR

M.A., M.D., D.P.H.

Medical Officer of Health



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City of Southampton

ANNUAL REPORT

on the

HEALTH AND WELFARE SERVICES

For the Year 1970

by

ANGUS MCGREGOR,

M.A. M.D., D.P.H.

Medical Officer of Health to the City of Southampton

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DEPARTMENT OF HEALTH AND WELFARE
CIVIC CENTRE
SOUTHAMPTON, SO9 4XG

TO THE RIGHT WORSHIPFUL THE MAYOR, ALDERMEN AND
COUNCILLORS OF THE CITY OF SOUTHAMPTON

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to report on the health and welfare of Southampton in 1970.

The population of the city fell very slightly, though the birth rate rose, and the illegitimate birth rate fell from 12% to 10%. These changes were accompanied by a further slight improvement in the infant mortality rate which is, in any case, below the national average. Unfortunately there was one maternal death during the year.

Communicable diseases

The incidence of communicable diseases was unremarkable except for one outbreak of food poisoning. On the other hand venereal diseases increased sharply again and detailed comment on this further deterioration will be found within the body of this Report.

Organisation

1970 was the last full year in which the department continued to combine health and social services functions as with the coming into operation of the Social Services Act on the 1st April, 1971, health services were split from the social services. This alteration in the organisational pattern had been anticipated for some years but it remains to be seen whether it will, as is hoped, produce improved health and social services.

During the year the probability of re-organisation of the National Health Service itself also became clearer and a target date for this has now been announced—1st April, 1974. It is anticipated that on this date the Health Services will be entirely re-organised outside of Local Government with all three sectors—the Hospitals, General Practice and the Local Health Authority Personal Health Services—unified under the control of new Health Authorities. The Social Services and the Educational Services will remain in Local Government which itself will be re-organised at the same time. It has been evident for some years that integration of the three components of the National Health Service was an essential next step in the improvement of services and the proposals must accordingly be welcomed. On the other hand it may not be appreciated that during this interim phase between the announcement of the change-over and its actual occurrence all the staff of the Health Service now employed within Local Government have necessarily an uncertain future. Staff morale is therefore as uncertain at the present time in the Health Services as it has been in the Social Services prior to their re-organisation.

In Southampton the year saw several developments as both the new Medical School and the rebuilding of the General Hospital became realities instead of theoretical possibilities. These changes have added to the difficulties and complexities of life for all staff working in the Health Services in Southampton, but together give us a unique opportunity to establish a pattern of Health Services superior to any it has been possible to provide in the past.

Environmental health

Apart from the absence of an adequate level of fluoride the water supply continued to be satisfactory. On the other hand pollution of the rivers and Southampton Water also continued, as did the ever increasing difficulty in containing the damaging effects of noise. Cars, lorries and motor cycles were, of course, the worst offenders and the only real hope for major improvement in this field lies in tougher national legislation. Without this further deterioration in living conditions is inevitable.

Port health

The port continued to expand both its passenger and cargo traffic at such a rate that it was difficult to keep up with it. Details of the work involved will be found in the Report.

Personal health services

During 1970 Miss Foulds took up her post as the department's first ever Principal Nursing Officer, responsible for all the community nursing services. With all nurses attached to general practitioners the Principal Nursing Officer has the job of co-ordinating the work of the nurses so that fully effective teams can develop. Very satisfactory progress was made during the year.

The Home Nurses' work load has increased steadily due to the application of the policy of minimising length of stay in hospitals leaving more and more of the patients' nursing care to be undertaken at home. This trend will undoubtedly continue. A night nursing scheme was introduced on a trial basis and proved a great success. It will now become a permanent service.

Although there were fewer deliveries at home the domiciliary midwives actually had more work to do as they not only undertook more deliveries in the General Practitioner Maternity Unit but also nursed a larger number of early discharges from the Hospital Maternity Unit.

Mental Health Services

During 1970 Brookside Training Industries was formally opened by H.R.H. The Duchess of Kent. It provides social training and light employment for up to 200 mentally handicapped adults and the number on roll has already reached 140. Further details will be found in the text.

Health Education

The task of educating people of all ages in the personal contribution each can make to the improvement of their own health and that of other lies at the heart of the work of the department. During 1970 there was a further substantial increase both in the volume of work and the number of different types of activity. All the staff, whatever their service role, also take part in health education.

Social Services

As was mentioned above, all the social services were transferred out of the department on 1st April 1971. The work done in 1970 in welfare services, home help service and family casework services will be found detailed in the text.

Acknowledgements

I must take this opportunity to thank all who helped to improve the health and welfare of Southampton in 1970, and in conclusion thank you, Mr. Mayor, and the Aldermen and Councillors for your help.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

ANGUS MCGREGOR,

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE

The Right Worshipful The Mayor (Alderman Mrs. L. A. Ironside)

Alderman Childs

Councillors Brown, Burne, Mrs. Crane, Foot, Lidgley, Mintram, Mrs. O'Beirne, Mrs. Pitter, Mrs. Pugh (Chairman), Read-Brewster, Rickman (Vice-Chairman)

Co-opted Members

Dr. W. H. N. Angus, Mrs. J. Baker, Mr. J. Bruce, Mrs. T. O'Farrell, Mrs. P. S. Small, Mrs. G. W. Thomas

WELFARE SERVICES COMMITTEE

The Right Worshipful The Mayor (Alderman Mrs. L. A. Ironside)

Alderman Childs

Councillors Brown, Burne, Mrs. Crane, Foot, Lidgley, Mintram, Mrs. O'Beirne, Mrs. Pitter, Mrs. Pugh (Chairman), Read-Brewster, Rickman (Vice-Chairman)

Co-opted Members

Mr. J. Arnold, B.Sc., Mrs. J. Baker, Mrs. T. O'Farrell, Mrs. P. S. Small, Mrs. G. W. Thomas

CHIEF AND SENIOR OFFICERS OF THE DEPARTMENT OF HEALTH AND WELFARE

Medical Officer of Health	...	...	Angus McGregor, M.A., M.D., D.P.H.
Deputy Medical Officer of Health	...	...	W. P. Cargill, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Senior Medical Officers	...	...	Catherine M. Atkins, M.B., Ch.B. Jeanette B. Morrison, L.R.C.P., L.R.C.S., L.R.F.P.S.
Medical Officers in Department	...	...	Bethan Davies, M.R.C.S., L.R.C.P. A. C. Franks, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M. & H. R. H. Hunt, O.B.E., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S. Marthe Lebermann, M.D. H. D. Rossiter, M.B., B.Ch., D.P.H. J. E. Russell, M.R.C.S., L.R.C.P. W. H. Skinner, L.R.C.P., L.R.C.S., L.R.F.P.S.
Director of Family and Child Guidance			Dr. L. B. Bartlet, M.B., Ch.B., D.P.M., D.C.H.
Principal Dental Officer	...	...	A. Edwards, F.D.S., R.C.S.
Chief Public Health Inspector	...	...	F. Saunders, F.R.S.H., Meat and Foods and Sanitary Science Certs.
Chief Port Health Inspector	...	...	T. Borrows, Cert. R.S.H., Cert. R.S.I., Meat and Foods
Principal Welfare Services Officer	...	...	W. T. Dorricott, D.M.A., Dip.Soc., A.I.S.W.
Principal Nursing Officer	...	...	Gillian Foulds, S.R.N.O., O.W.A., H.V. Tutors Cert.
Superintendent Health Visitor	...	...	Miss E. Clarke, S.R.N., S.C.M., H.V. Cert.
Supervisor of Midwives	...	...	Miss B. Knox, S.R.N., R.F.N., S.C.M.
Superintendent Home Nursing	...	...	Miss H. I. Ames, S.R.N., R.F.N., Q.N.
Senior Family Caseworker	...	...	Miss D. Guyatt, Dip.Soc.
Senior Mental Welfare Officer	...	...	S. F. Bute, S.R.N., R.M.N., C.S.W.
Home Help Organiser	...	...	Mrs. D. Taylor
Ambulance Officer	...	...	G. F. Houldsworth, F.I.A.C.A.P.
Principal Administrative Assistant	...	...	W. M. Watts
Senior Administrative Assistant	...	...	D. A. Quinn, A.C.I.S.
Administrative Assistant	...	...	M. Law, D.M.A.

STAFF SUMMARY AS AT 31.12.70

Medical Officers	...	...	...	...	Establishment 12 full-time 1 part-time	Actual 9 full-time 5 part-time
Dental Officers	...	...	...	...	7	4 full-time 3 part-time
Dental Auxiliaries	...	...	...	...	3	2
Dental Surgery Assistants	...	...	...	...	9	9
Child Guidance (Psychologist and Psychiatric Social Workers)	...	...	...	...	7	6
Speech Therapists	...	...	...	...	3	1 full-time 2 part-time
Audiometrician	...	...	...	...	1	1
Physiotherapist	...	...	...	...	1	Nil
Midwives	...	...	...	...	32	31 full-time 2 part-time
Health Visitors	...	...	...	...	49	29 full-time 9 part-time
Home Nursing, S.E.N's Nursing Auxiliaries	...	...	...	...	44	40 full-time 13 part-time
Day Nursery Staff	...	...	...	...	9	9
Clinic Staff	...	...	...	...	27	20 full-time
Home Help Service (whole time equivalent)					107	4 full-time 179 part-time 107 whole-time equivalent
Ambulance/Transport Staff	...	...	...	...	60	58
Public Health Inspectors	...	...	...	...	20 6 students	18 5 students
Technical Assistants	...	...	...	...	3	3
Rodent Officer	...	...	...	...	1	1
Port Health Inspectors	...	...	...	...	6	6
Rodent Operators (City and Port)	...	...	...	...	6	6
Mental Health Training Centre Staff	...	...	...	...	10	10
Mental Health Hostel Staff	...	...	...	...	6	5
Mental Health Officers	...	...	...	...	8	8
Family Caseworkers	...	...	...	...	4	4

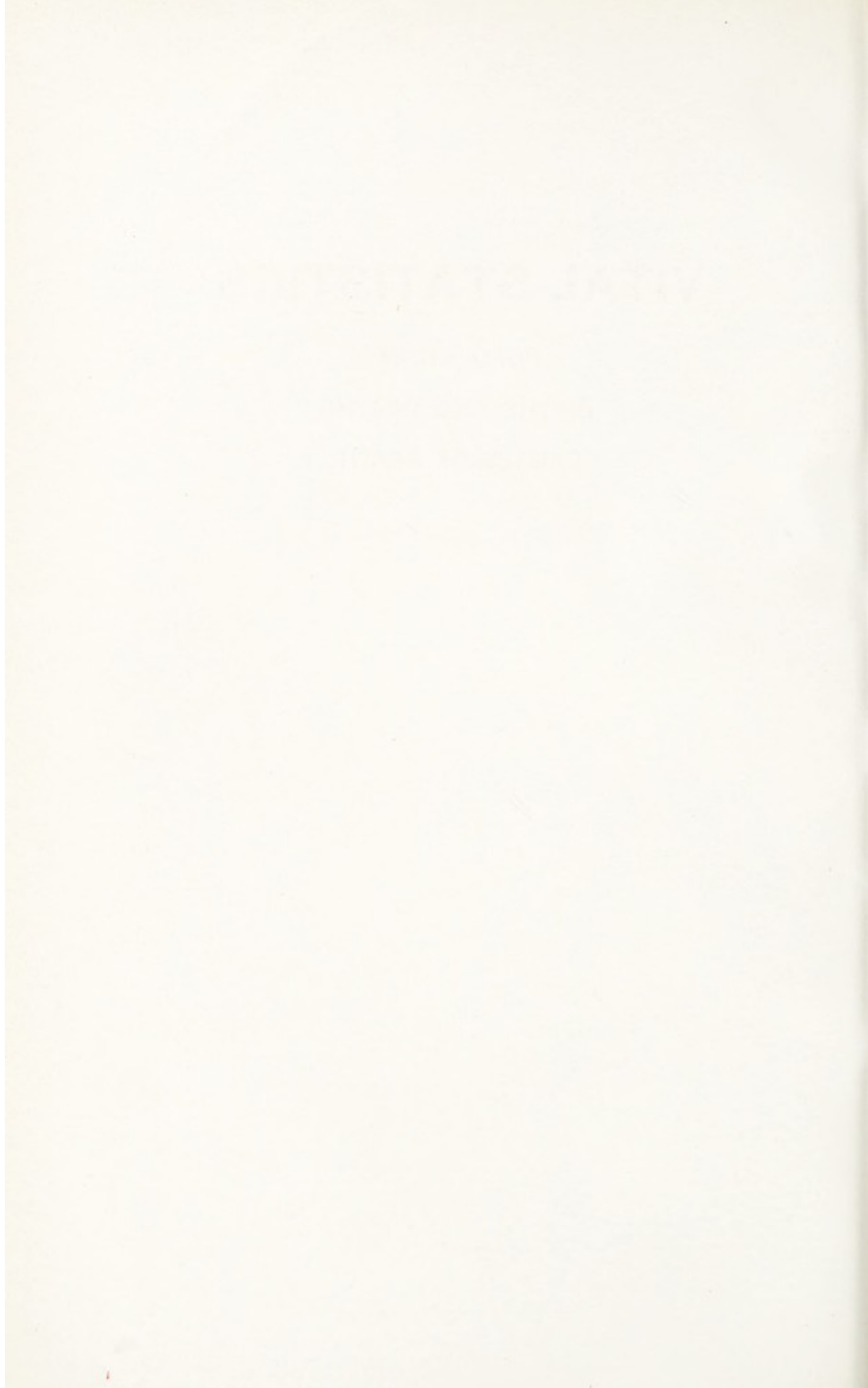
Other Social Workers	...	...	...	4	4
District Welfare Officers	...	...	...	5	5
Social Workers (Welfare)	...	...	...	10	10
Staff in Homes for the Elderly (W.T.E.)	...			175	174
Occupational Therapist	...	...	...	1 full-time 1 part-time	1 full-time 1 part-time
Chiropodists	...	...	...	3 full-time 3 part-time	2 full-time 3 part-time
Staff of Temporary Accommodation	...	...		2	2
Administrative and Clerical Staff	...	...		79	76
Manual and Domestics	...	...	...	38	34
Other Health and Welfare Staff (W.T.E.) (Driver/Handyman)	...	...	...	10	9
Sembal House	...	...	...	4	4
TOTAL	Whole-time	...	...	777	644
	Part-time	...	...	5	38 (excl. Home Helps)

VITAL STATISTICS

POPULATION

BIRTHS AND DEATHS

CAUSES OF DEATH



VITAL STATISTICS

The following are extracts from vital statistics published for 1970:

Registrar General's Estimated mid-year population ...	209,660	
Area (above high water mark)	12,058.7 acres	
Area (foreshore and tidal water)	1,851.3 acres	
	So'ton	England and Wales (Provisional)
Live Births		
Number	3,373	784,482
Rate per 1,000 population	16.1	16.0
Illegitimate Live Births (% of total live births)	10%	8%
Still births		
Number	54	10,341
Rate per 1,000 total live and still births	16	13
Total live and stillbirths	3,427	794,823
Infant deaths (under 1 year)	57	14,269
Infant Mortality Rates		
Total infant deaths per 1,000 live births	17	18
Legitimate infant deaths per 1,000 live legitimate births	17	17
Illegitimate infant deaths per 1,000 illegitimate live births	20	26
Neo-natal mortality rate (deaths under 4 weeks per 1,000 live births)	11	12
Early neo-natal mortality rate (deaths under 1 week per 1,000 live births)	9	11
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 live and stillbirths) ...	25	23
Maternal mortality (including abortion)	1	—
Total number of deaths	2,230	575,208
Death rate per 1,000 population	10.6	11.7
Number of marriages	2,709	—
Marriage rate per 1,000 population	12.8	—

CLASSIFICATION OF CAUSES OF DEATH

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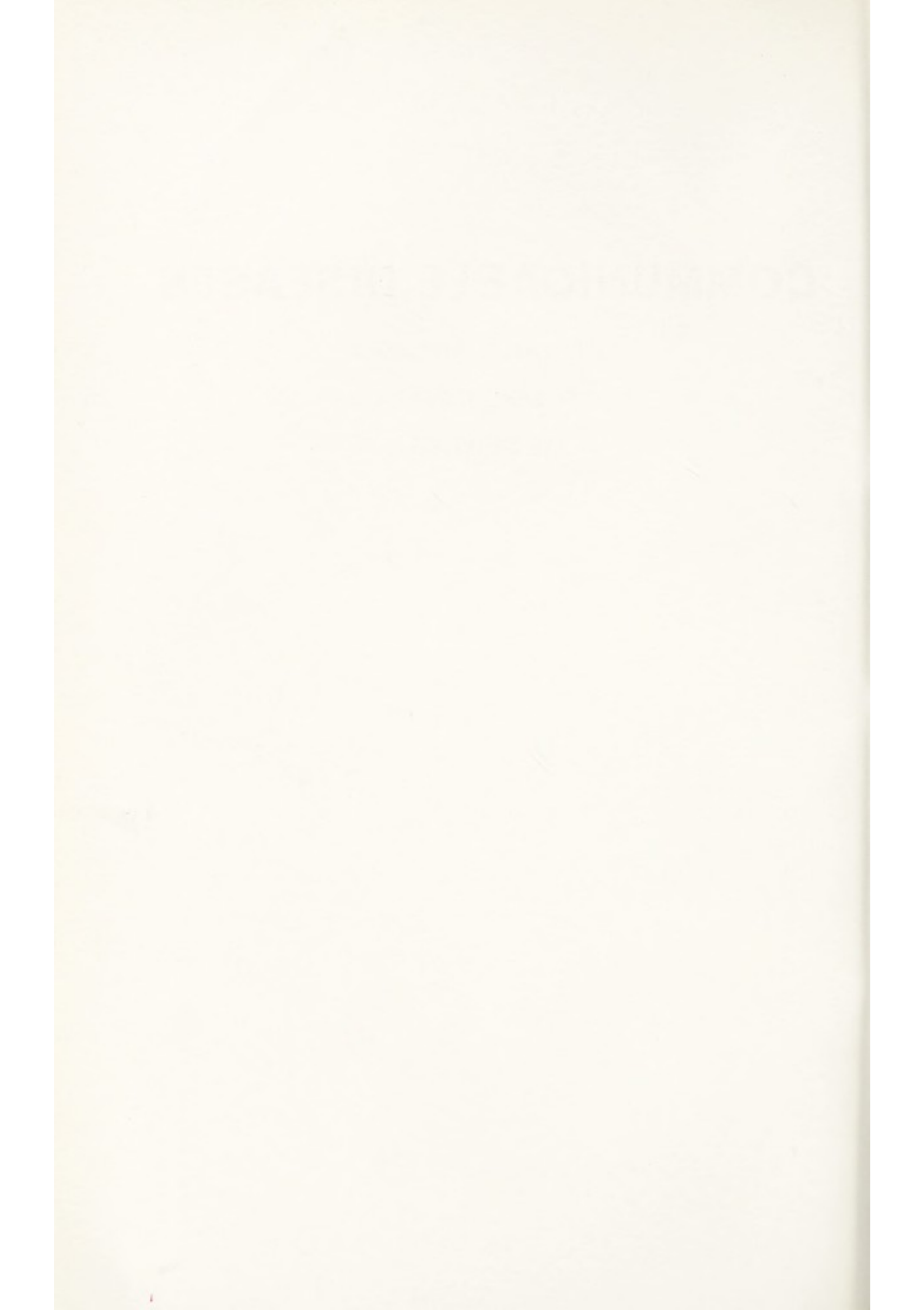


COMMUNICABLE DISEASES

INFECTIOUS DISEASES

TUBERCULOSIS

VD SERVICES



More cases of measles were notified than in 1969, probably because fewer children were immunised against the disease during the year, less vaccine being available.

Cases of dysentery were more numerous. All except one were Sonne infections. The one case of Flexner dysentery occurred in a child very recently returned from Persia, where she had suffered from gastroenteritis. An outbreak of suspected food poisoning in a students' residential hall proved to be due to Sonne dysentery. Of 22 students who were ill, 12 were found to be excreting *Shigella sonnei*, as also were 3 of 25 kitchen staff. Cases occurred within a three day period. No source of infection was found.

One outbreak of food poisoning occurred among several hundred people who ate a Christmas lunch provided at their place of work. At least 70 people were affected some hours after the meal, and the clinical and laboratory evidence supported a diagnosis of food poisoning due to *Clostridium welchii*, almost certainly the result of the cooking of large turkeys under conditions which favoured the production of *welchii* toxin.

Twenty-nine cases of *Salmonella* infections, not proved to be food borne, were found in 5 family outbreaks (12 cases) and 17 sporadic cases. Eleven different types of *Salmonella* were involved.

More cases of infective jaundice were notified. Arrangements were made to notify the blood transfusion service of cases occurring in homes where blood donors live.

TUBERCULOSIS

Report by Dr. W. M. Macleod, Consultant Chest Physician,
Southampton Central Chest Clinic

Total Attendances 1970

Total attendances during the year	...	...	...	...	...	8,890
New Patients (Diagnostic Clinics)	...	...	...	...	...	1,198
New Patients (Contact Clinics)	...	...	...	...	...	474

X-Ray Examinations

Chest X-Rays...	...	...	...	...	...	6,761
Tomogram examinations	...	...	...	...	...	162
Other examinations (including Barium Studies)	...	...	...	...	...	162
Miniature Chest X-Rays	...	...	...	...	...	3,960
						11,045

The Register

The number of persons on the Register at 31.12.69	...	...	...	1,129
The number of persons removed from the Register during 1970	...	...	...	394
				735
<i>The number of persons added to the register during 1970—</i>				
Newly notified	...	...	...	76
Transfers	...	...	...	10
				86
The number of persons on the Register at 31.12.70	...	...	...	821

Primary Notifications

Respiratory Tuberculosis:

	1962	1963	1964	1965	1966	1967	1968	1969	1970
Males	71	69	67	56	53	40	43	34	44
Females	29	33	32	30	18	17	19	9	18
Children	7	10	6	2	3	7	—	3	3
	107	112	105	88	74	64	62	46	65

Respiratory Tuberculosis:

	1962	1963	1964	1965	1966	1967	1968	1969	1970
Men									
Grade 1	22	21	16	13	19	16	16	11	9
Grade 2	13	17	16	11	8	14	11	10	15
Grade 3	35	31	36	33	25	10	15	14	19
Grade 4	1	—	—	—	2	5	1	—	2
	71	69	68	57	54	45	43	35	45

<i>Women</i>									
Grade 1	6	5	5	4	3	6	6	3	2
Grade 2	4	6	5	5	4	4	3	1	2
Grade 3	19	22	27	22	12	6	10	6	13
Grade 4	—	—	—	—	1	3	—	1	3
	29	33	37	31	20	19	19	11	20

Grade 1—Sputum direct examination positive

Grade 2—Sputum or laryngeal swab cultures positive

Grade 3—All tests negative

Grade 4—No tests available

Non-Respiratory Tuberculosis:

	1962	1963	1964	1965	1966	1967	1968	1969	1970
Males	6	6	6	6	1	5	2	4	2
Females	4	5	2	8	8	5	6	6	8
Children	1	—	—	2	—	1	1	1	1
	11	11	8	16	9	11	9	11	11

Sources of New Cases

General Practitioners	1. Direct	...	...	...	...	...	...	Pulmonary
	2. After miniature X-Ray	...	...	...	...	...	...	10
Mass Radiography Unit	...	...	...	...	...	...	...	9
Contact Clinics	...	...	...	...	...	...	...	28
Others	...	...	...	...	...	...	...	3
Hospitals	...	...	...	...	...	...	...	6
								9
								65

Miniature X-Ray Service

The number of persons referred by General Practitioners	...	...	3,355
The number found with active pulmonary tuberculosis	...	...	5
Rate (per thousand)	...	...	1.46

Death Rate (Registrar General's Statistics)

Population 209,660

	Deaths	Incidence per hundred thousand population
Respiratory	3	1.43
Non-Respiratory	0	

B.C.G. Vaccination

Contacts Vaccinated	...	...	...	339
Staff Vaccinated	...	...	...	119
				458

Cancer of Lung

Men	...	...	...	64
Women	...	...	...	14
				78

The work of the Clinic continues with very little change in the number of those attending or who require chest radiographs. While the number of persons on the Register has now dropped to just over 800 persons, this simply reflects those cured from earlier infection. We continue to find the same amount of infectious tuberculosis. It is important that though the numbers are relatively small there should be no easing in the search for this dangerous, infectious disease.

V.D. SERVICES

REPORT by Dr. R. M. Warren, Director, V.D. Services

With the changing pattern of shipping activities in the Docks it might well be expected that there would follow a fall in the number of new patients attending the Special Treatment Centre, but this has not been the case. 3,424 (3,299) new patients attended during 1970. The figures in brackets are those for 1969.

Syphilis

25 (28) cases of early infectious syphilis were seen. 21 (23) male patients attended and 4 (5) female patients.

8 males and 3 females were infected in the locality of the Centre and 4 males and 1 female infected outside Great Britain. So for the second time the numbers infected locally considerably exceeded those infected overseas. Of the 6 seamen found to be infected, two were known to have acquired their infection abroad.

Gonorrhoea

There was a significant drop in numbers attending in 1970: 435 (528). This is not easy to explain when the National figures show an increase, but on examining the figures for Wessex an increase also is shown, and the numbers attending outside Southampton have shown a steady rise. Perhaps with the improved facilities elsewhere in Wessex patients who formerly attended at the daily sessions available in Southampton are now finding improved facilities nearer home. 310 (370) were males, 127 (158) were females. 290 were infected in the locality of the Centre and 55 overseas. 87 patients were merchant seamen, and 50 of these were infected abroad.

Other Conditions

Here there was an increase on the previous year:

2,952 new patients (2,726)

2,070 (1,977) males. 882 (749) females.

714 cases of urethritis reported. This figure very substantially exceeding the numbers of patients with gonorrhoea.

197 cases of Trichomonas infection were recorded.

For some time past it has been felt that a more detailed breakdown of work undertaken in the Department, under the heading of 'Other Conditions' would be of interest, and I am pleased to say that the Department of Health has now included this more detailed statistical information in the quarterly reports, which will therefore be available next year.

The workload of the Department continues to grow and reference to an epidemic of sexually transmitted diseases has been made by the Department of Health. This is a National problem but is certainly very acute locally and the problem of accommodation and staff must receive urgent attention. It is however of no avail to provide a service unless optimum use is made of the service and most energetic and continuing efforts must be made in the field of social work. We are dealing with communicable diseases and they must be regarded as such by all who treat them. Any contacts should be traced and offered the same facilities as the original patient. This contact tracing knows no geographical bounds and there are encouraging signs that this fact is appreciated.

Finally, the public and the medical and nursing professions must be well informed as to the present disturbing state of affairs and what measures are being taken to deal with them. Health Education is thus an important aspect of our work.

Contact Tracing

During the year ended 31st December, 1970, details concerning 61 contacts were received by the Social Worker from the following sources:

Southampton Male Clinic	...	...	...	45
Holloway Prison	...	...	...	3
Wormwood Scrubbs Prisons	...	...	...	3
Winchester Prison	...	...	...	2
Southampton General Hospital	...	...	...	2
Other Hospitals (outside City area)	...	...	...	3
Bournemouth Special Treatment Centre	...	...	...	1
Southampton Health Department	...	...	...	1
An Employer	...	...	...	1
				61

All of the contacts were suspected of suffering from specific infection.

From the rather vague descriptions and addresses supplied the Social Worker was successful in tracing 48 of these contacts and established that some of the descriptions given by more than one person related to the same contact.

The 48 who were traced and persuaded to attend the Treatment Centre were diagnosed and treated for the following conditions:

<i>Specific Conditions</i>		<i>Non-Specific Conditions</i>	
Syphilis	1	Trichomonas Vaginalis	29
Gonorrhoea	43	Monilia	12
—	—	Warts	2
	44	Pediculosis pubis	1
		Scabies	1

Total Infections: 89

The age groups of the contacts traced were as follows:

15 and under	1
16-20 years	22
21-25 years	12
26-30 years	7
31-35 years	4
36-40 years	2

The total includes two schoolgirls, one of whom aged 14 years was diagnosed as suffering from Monilia. The other, aged 16 years, was diagnosed as having Gonorrhoea, Trichomonas and Scabies. This girl reported having many consorts.

Also included in the 48 are a mother and daughter who were both consorting with the same man.

Defaulters

One hundred and seventy letters were sent to defaulters followed by 142 home visits to persuade patients to re-attend the Centre, but despite this effort 38 patients continued to default.

Ante-Natal Patients

Six cases of Syphilis, 6 cases of Gonorrhoea and 53 cases of non-specific infection were diagnosed in known ante-natal patients attending the Centre.

ENVIRONMENTAL HEALTH SERVICES

WATER

SEWERAGE AND SEWERAGE DISPOSAL

CEMETERIES AND CREMATORIUM

PUBLIC HEALTH INSPECTION

OFFICES, SHOPS AND RAILWAY PREMISES

SMOKE CONTROL

FACTORIES ACT



SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

The Waterworks Engineer and Manager submits the following reports relating to the supply of water in the city.

- (a) The supply of water to the area has been satisfactory both in quality and quantity.
- (b) Regular bacteriological examinations were made of both the raw and treated water, and a summary of the results is included below:

Description of Water	Total No. of Samples	Number of samples showing probable numbers of B. Coli present in 100 ml.					
		None present	1 to 2 present	3 to 10 present	11 to 100 present	101 to 1,000 present	More than 1,000 present
Otterbourne Well:							
Raw Water	25	4	Nil	12	9	Nil	Nil
Treated Water	153	153	Nil	Nil	Nil	Nil	Nil
Twyford Well:							
Raw Water	24	24	Nil	Nil	Nil	Nil	Nil
Treated Water	153	153	Nil	Nil	Nil	Nil	Nil
Timsbury Well:							
Raw Water	25	24	Nil	1	Nil	Nil	Nil
Treated Water	101	101	Nil	Nil	Nil	Nil	Nil
River Itchen:							
Raw Water	26	Nil	Nil	Nil	Nil	20	6
Treated Water	102	101	Nil	1	Nil	Nil	Nil
River Test:							
Raw Water	26	Nil	Nil	Nil	Nil	12	14
Treated Water	103	101	—	1*	1	—	—
Distribution:							
Treated Water	712	694	4	14	Nil	Nil	Nil

*One sample indicated 13 B. Coli present. Samples taken immediately before and after it, indicated Nil B. Coli present.

Chemical analyses of the water were taken at each source and the average results for the water supplied are shown in the table overleaf.

- (c) The water supplied by the Undertaking is free from plumbo-solvent action.
- (d) Water from all the sources is sterilised with chlorine, with the exception of the River Test Supply where chlorine dioxide is used. Water at both river sources is subject to a process of clarification and partial softening, by the use of suitable coagulating materials and lime, followed by filtration through rapid gravity sand filters.
- (e) The number of dwelling houses within the City of Southampton supplied from the public water mains as at the 31st December, 1970 was 74,047.

SOUTHAMPTON CORPORATION WATERWORKS—Southern Division

TYPICAL ANALYSES OF WATER SUPPLIED FROM THE PUMPING STATIONS

	Otter- bourne Wells	Twy- ford Wells	Tims- bury Wells	River Itchen	River Test	Totford Bore- holes
<i>General Chemical Analysis (mg/l.)</i>						
Colour (°Hazen) ...	< 5	< 5	< 5	< 5	< 5	< 5
Free Chlorine as Cl ...	0.03	0.02	0.02	0.04	Nil	Nil
Combined Chlorine as Cl ...	0.05	0.07	0.04	0.06	0.05	0.02
Chlorine Dioxide as Cl ...	—	—	—	—	0.17	—
Free Carbon Dioxide as CO ₂ ...	21	16	22	4	3	19
Free and Saline Nitrogen as N ...	< 0.01	0.01	0.01	0.01	0.02	0.01
Albuminoid Nitrogen as N ...	0.05	0.04	0.04	0.04	0.07	0.03
Nitrous Nitrogen as N ...	< 0.01	< 0.01	< 0.01	< 0.01	< 0.01	< 0.01
Nitric Nitrogen as N ...	4.4	4.9	3.9	4.0	4.9	5.0
Oxygen absorbed from N/80 Permanganate in 4 hrs. at 27°C. ...	0.08	< 0.02	0.02	0.09	0.40	0.02
Total Alkalinity as CaCO ₃ ...	235	200	265	130	160	230
Total Dissolved Solids (dried at 160°C) ...	350	320	390	240	280	320
pH ...	7.4	7.5	7.4	7.9	8.0	7.45
<i>Hardness (mg/l.)</i>						
Temporary Hardness as CaCO ₃ ...	235	200	265	130	160	230
Permanent Hardness as CaCO ₃ ...	30	30	30	30	35	20
Total Hardness as CaCO ₃ ...	265	230	295	160	195	250
Total Hardness (° Clark) ...	18.6	16.1	20.7	11.2	13.7	17.5
<i>Mineral Analysis (mg/l.)</i>						
Calcium as Ca ...	103	90	116	53	73	95
Magnesium as Mg ...	2	1.5	3.5	2	2.5	2.5
Sodium as Na ...	11	10	12	10	11	8
Carbonate as Co ₃ ...	143	120	160	66	95	138
Chloride as Cl ...	16	14	17	16	17	12
Sulphate as So ₄ ...	10	12	17	13	20	5
Silicate as SiO ₂ ...	13	12	14	9	10	13
Nitrate as No ₃ ...	19	22	17	18	22	22
Nitrate as No ₂ ...	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05
Zinc as Zn ...	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05
Iron as Fe ...	0.10	< 0.04	< 0.04	< 0.04	< 0.04	< 0.04
Copper as Cu ...	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05
Lead as Pb ...	< 0.02	< 0.02	< 0.02	< 0.02	< 0.02	< 0.02
Aluminium as Al ...	—	—	—	0.35	0.25	—
Anionic Detergent as Manoxol OT ...	< 0.05	0.06	0.06	< 0.05	0.06	0.05
Fluorine as F ...	0.18	0.15	0.34	0.14	0.17	0.14
Conductivity (micro ohms/cm at 25°C) ...	530	460	590	380	410	500

SEWAGE AND SEWAGE DISPOSAL

The City Engineer and Surveyor, Mr. L. R. Robertson, has kindly submitted the following report:

Sewage Treatment

The pollution load and the amount of sludge produced at the Millbrook Works has been steadily increasing for some years. The increase in the sludge is mainly due to the higher standard of treatment provided since the opening of the new works in 1965. To deal with the increased pollution load, a contract was placed during the year for the supply of additional aeration plant. Also, in October, a contract for the construction of two sludge thickening tanks and a sludge pumping station commenced and should be completed in late 1971. These tanks will be used to reduce the water content of the sludge up to 50% before being passed to the heated digestion plant and thence to the disposal barge.

Sewerage

The foul sewer in Belmont Road was found to be in bad condition due to cracks and defective joints, during a TV camera survey, and a start was made in 1970 on a contract for the construction of a replacement sewer. Completion is expected by mid-1971. Minor works such as the replacement of a defective length of surface water sewer in Burgess Road and extensive dredging of the foul sewer in McNaghten Road were carried out during the year by direct labour.

CEMETERIES AND CREMATORIUM DEPARTMENT

MR. JOHN SUTTON, M.Inst.B.C.A., Registrar of Cemeteries and Crematorium

During 1970, burials in the five cemeteries administered by the Cemeteries and Crematorium Department increased by 39 from 1004 in 1969 to 1043 in 1970 (excluding stillborn children).

The number of cremations carried out at the Southampton Crematorium continued to increase. In 1970, 2,845 cremations took place compared with 2,803—an increase of 42.

Of the deaths registered in Southampton, 1,498 were cremated at the Southampton Crematorium. This represents 67.15% of the deaths registered in the city—an increase of 2.65% on the 1969 figures. This level of increase in cremations has remained fairly constant over the past few years although in 1970 there were less deaths than in 1969.

Nationally, the trend towards cremation continued, the percentage of deaths cremated rose from 52.7% to approximately 55.6%.

ENVIRONMENTAL HEALTH SERVICES

MR. F. SAUNDERS, the Chief Public Health Inspector

Looking back over the year, it would seem at first to have been one of routine progress in environmental improvement but on reflection there have been a few matters which are noteworthy such as St. Michael's House, the Freemantle General Improvement Area and the strike by the Council refuse and sewage workers.

The strike by refuse and sewage workers in October and November fortunately did not present the serious health hazards predicted by many people when it started. There is no doubt about the effects of the strike being a nuisance and if it had been very hot weather or it had lasted very much longer then a potential health risk would have arisen in many places. Surveillance of the official and unofficial emergency refuse dumps was maintained by the Inspectors and Rodent Operators and a personal approach by the Medical Officer of Health to the strike leaders secured their co-operation in the removal of two dumps which were beginning to be offensive. The benefit of the plastic bag for the collection and storage of refuse was illustrated during the period of the strike and on the whole it made the general public realise the storage, collection and disposal of refuse is an important function of the corporation. On the other hand, however, it also emphasises that many people just don't care what happens to rubbish as long as it can be thrown away so as not to interfere with their comfort and well being.

Although it had been decided in 1969 to close St. Michael's House common lodging house, run by the Council since the beginning of the century, when the final arrangements to close it by April 1971 were announced, it again created considerable controversy in the political field. It also caused widespread comment and criticism by a number of organisations concerned with social welfare and it was an excuse for demonstrations eagerly accepted by student factions. Nevertheless the Council did not alter its previous decision and subject to certain safeguards for the welfare of the older residents, St. Michael's House will be vacated and demolished in 1971. This will be the end of an era of municipal participation in Southampton of the provision of accommodation for poor, single men without a home. It will leave two common lodging houses in the city, both of good standing, and belonging to the Church Army and Salvation Army respectively. They provide at present 175 beds for the type of men who have no home and who resort to this type of accommodation.

There will still be the problem and often a nuisance to face in respect of the 'drop outs' who sleep rough in properties awaiting demolition. To prevent entry to these properties is impracticable unless they are bricked up, and costwise this is rarely justifiable as the time between vacation and demolition is often not more than twelve months or so.

The other event, which is hoped will be the keystone of an era of environmental improvement in the city, was initiated in May when the Council declared its first General Improvement Area in Freemantle. This area is essentially a pilot scheme and involves practically all the foreseeable problems likely to be encountered in other parts of the city. It represents a joint effort of a team of officers from most departments of the corporation and experience gained in the Freemantle Area will be beneficial and useful in our approach to securing environmental improvement in other areas of the city. The rate of progress to be achieved by voluntary means is a vital factor and one which raises doubts as to whether some degree of compulsion may not be inevitable if undue delays in an area are to be obviated. The public meetings held for residents in this area were enthusiastically attended but here again the question arises, how much of the enthusiasm generated for improvements in the area will be realised in practice? A long slow slog is en-

visaged, but as it is not always easy to judge public participation, it may be 1972 before any conclusions can be drawn.

Clean air is a fundamental part of environmental improvement and fortunately a fair degree of progress has been maintained in spite of restrictions. The effect of the suspension of Smoke Control Orders was negligible and a lot of the credit for this can be taken by the reasonable weather during the winter.

Atmospheric pollution by noise is a field of activity which must concern officers and others engaged with environmental health and it is inevitable that more and more emphasis will be placed on the abatement of noise in the future. Many trends of civilization are tending to produce louder noises and existing sources of noise are expanding rapidly. The present legislation to deal with noise is only touching the fringe of the problem and it is foreseen that as there are specialist inspectors in large cities for Clean Air and other fields of activities in environmental health, so will there be noise inspectors with special training to deal with this problem. The introduction of 'pop' groups and striptease artistes to the public house or club premises is a development which will cause much concern in the future to health departments, the council, and nearby inhabitants unless firm steps are taken to let promoters of such projects see that local authorities are not prepared to tolerate this type of entertainment if it cannot be controlled so as to prevent a nuisance. The summer and periods of fine weather are times when 'Music' from clubs or public houses can become obvious unless adequate sound proofing and systems of ventilation are provided. The operation of the volume control of amplifiers has practical limitations as a means of preventing a nuisance and invariably the output fails to be maintained at a reasonable level. The co-operation of the licensing authorities is essential as a means of control of premises subject to an annual licence and sometimes more effective in securing the speedy abatement of a nuisance than the Noise Abatement Act. The planning stage of new premises is the proper time to step in with means of preventing potential noise nuisance.

The number of applications in connection with the medical priority scheme and rehousing applications shows no signs of diminishing and taking into account 51 cancellations, 992 applications were investigated, compared with 875 the previous year. A tremendous amount of routine work is involved in collating the maximum amount of information on each case before a priority assessment is made by the Medical Officer of Health. On the whole it seems to be a worthwhile effort helping applicants for rehousing who are ill, infirm or handicapped in any way.

It is rather unfortunate that in some instances cases recommended for alternative accommodation or a transfer tend to be very restrictive in the area in which they are prepared to be accommodated. This can often mean a very long waiting period and raises the question as to whether the case for priority is justifiable. The same applies to cases refusing suitable accommodation for what seems to be whimsical reasons. The details of cases dealt with are embodied in the report.

It is incredible in these enlightened days that instances can still be found of people living and sleeping more or less in their own filth. Arising out of a complaint of foul smelling dampness in a party wall, the dampness was eventually found to be coming from the first floor room of an adjoining house. The room was occupied by a couple often seen about the town pushing a pram used for the collection of their efforts in making a living by 'totting'. Two dogs also occupied the room at times. Notice of Entry, Statutory Nuisance of an accumulation of refuse, Abatement Notice, Nuisance Order, fine of £10, a daily penalty and finally removal in default briefly describe the course of events. The refuse and filth which was three feet deep in places included human and animal excrement, waste food and other decomposing material. Considerable difficulty was experienced in finding someone prepared to remove the refuse as the stench was indescribable when it was disturbed. Only by paying a special bonus could three sewer men be found who would undertake to remove what amounted to four lorry-loads of refuse and cleanse the room. Although the male occupant died shortly after the refuse was removed, the cause of his decease had nothing to do

with the circumstances in which he and his wife had been living. The strange thing about this case was the fact that the single man who occupied the ground floor rooms never complained although he must have been well aware of what was happening.

I wish to express my appreciation and thanks to my colleagues for their support and interest in a year of sound work in environmental health which is covered in the ensuing pages.

Public Health Acts/Housing Acts, etc.

Number of complaints received	...	...	...	...	...	1,620
Houses and premises visited or revisited	...	...	...	...	...	3,804
Visits re applications for rehousing	...	...	...	...	...	1,778
Housing Act inspections and follow-up visits including houses in multiple occupation	...	...	...	...	...	1,756
Inspections re Council Mortgages and Qualification Certificates	...	...	...	...	...	1,113
Inspections re Improvement Grants and General Improvement Areas	...	...	...	...	...	925
Visits re noise nuisance	...	...	...	...	...	545
Visits re verminous premises, common lodging houses, etc.	...	...	...	...	...	180
School swimming bath samples	...	...	...	...	...	162
Visits re infectious diseases, food poisoning, etc.	...	...	...	...	...	3,660
Inspection of cinemas, refuse tips, caravans and houseboats, etc.	...	...	...	...	...	416
Drain tests and inspections	...	...	...	...	...	57

Notices

Informal notices served or verbal notice given	...	...	...	...	...	432
Abatement notices served	...	...	...	...	...	73
Nuisance Orders made	...	...	...	...	...	3
Nuisance Orders carried out in default	...	...	...	...	...	1
Charging Orders made	...	...	...	...	...	—

Details of Work Completed

Drains cleared or repaired, etc.	...	...	...	...	...	105
Sanitary units renewed or repaired	...	...	...	...	...	29
Defective roofs, gutters, damp walls, etc. repaired	...	...	...	...	...	239
Floors, walls, windows, etc. repaired or renewed	...	...	...	...	...	162
Accumulations removed	...	...	...	...	...	38

Articles Disinfected at Disinfecting Station

Mattresses, pillows, blankets, sheets, items of clothing, etc.	...	...	...	...	...	720
Persons cleansed	...	...	...	...	...	70

Common Lodging Houses

Twenty-eight visits were made to the three common lodging houses run by the Salvation Army, the Church Army, and the Council owned St. Michael's House which is to close in 1971. At the beginning of the year the Salvation Army vacated their Bond Street premises and took over the premises previously occupied by the Sailors' Home, Oxford Street. This accommodation, on three floors, provides 130 single cubicles on the 1st and 2nd floors and offices, dining room, kitchen, meeting hall and day room on the ground floor. The facilities are excellent and the kitchen is being re-equipped and improved.

Riding Establishments Act, 1964

The only riding establishment in the city has again been found satisfactory as regards the premises and ponies.

Pet Animals Act, 1951

Twenty-one visits were made to the 15 licensed pet shops and minor infringements dealt with informally.

Noise Abatement Act, 1960

There were 137 complaints of noise compared with 124 in 1969 and a considerable increase in the proportion of complaints which could be classified as a nuisance justifying action by the Inspectors.

Number of nuisances confirmed

		1970	1969
		—	—
Industrial	...	14	11
Commercial	...	29	11
Domestic	...	17	23
		—	—
TOTAL	...	70	45
		—	—

During the year a total of 545 visits were made in respect of noise complaints and 65 noise nuisances were abated after informal action. In one instance a statutory notice was served and information laid but court proceedings were not taken due to the death of one of the two dogs which were causing a nuisance by excessive barking at night. It would seem that the barking only occurred when the two dogs were together. The commonest complaints continue to follow the same pattern, dogs barking, domestic parties, amplifiers at clubs and public houses, and fans and compressors in shops and factories.

School Swimming Baths

Owing to the large number of pools now in use at the city schools, it has been impossible to sample each one weekly for a chemical and bacteriological examination. Special attention has been given to those pools which were below standard and this resulted in 162 samples being taken. In general the situation has been very favourable.

Caravans

The position is unchanged from last year except for the Council owned site being used by members of the Showmans Guild. This site has now been vacated. There are six licensed sites for 16 residential caravans.

The Medical Priority Scheme and Rehousing Applications

The applications accompanied by doctors' certificates and/or supported by social workers and health visitors which were investigated and subject to a priority assessment numbered 932.

A further 60 applications were unsupported making a total of 992 cases investigated and assessed.

Type of Applicant:

Council tenants	...	...	...	...	545
Private tenants	...	...	...	...	354
Owner/Occupiers	...	...	...	...	71
					—
Living outside city	...	...	...	...	22
					—
					992
					—

Applications from pensioners:

Single women	...	...	...	...	170
Single men	...	...	...	...	37
Married couples	...	...	...	...	94
					—
					201
					—

The 992 cases were assessed as follows:

No Priority	...	...	...	...	390
Alternative Accommodation	...	...	...	...	601
Priority Alternative Accommodation	...	...	...	...	1
					992

Of the 602 cases recommended for alternative accommodation 67 were for warden controlled accommodation and 268 cases for accommodation without stairs. 7 applications were referred for Part III accommodation.

Prevention of Damage by Pests Act, 1949

Rodent control work was carried out under considerable pressure throughout the year due to a large increase in the number of complaints and a period of ill health of the staff which meant an inevitable delay in dealing with complaints. At times the delay was as much as a fortnight. In view of this increase in pressure on rodent control, steps are being taken to increase the establishment.

Alphacloralose is now the main poison used for the treatment of house mice and it has proved to be very successful in the old type dwellings and shops, but useless in premises with central or under floor heating. During the summer months the atmospheric temperature is too warm to allow Alphacloralose treatment to be used with any confidence and it is necessary to switch to a pre-baiting technique with zinc phosphide in order to be reasonably sure of success.

The architect must take some of the blame for the increase in the mouse population in towns and cities; he designs buildings which provide ample living space for mice in heating ducts, boxed in pipes, and wall panelling. When designing a building no consideration is given to the possible occurrence of infestation by rats or mice, nor is any attempt made by the builder to restrict the movements of mice or rats through ducts. Control or prevention of infestations would be easier if this were done.

Refuse Tips

Sea Road Tip—A major infestation occurred during May and zinc phosphide treatment resulted in 54 good poison takes being recorded. When visited four weeks later this tip was still free from rats, but in October, a further treatment was required.

Millbrook Tip—Millbrook tip has been remarkably free from rats considering its acreage; two small infestations were found and dealt with.

The Pulverising Plant, Nursling—This plant was inspected in June and no sign of rats was seen. Another survey made in December revealed a minor infestation of rats in a hedgerow adjacent, which was dealt with.

Emergency Tips—During the dustmen's strike in October, 36 emergency tips were baited. This was undertaken more as a precautionary measure, in case rats did take up abode. It was found impossible to record any baits taken owing to the baits being covered by rubbish.

Sewage Disposal Works—Two major rat infestations were dealt with during the year, the first in July and the second in October, during the Council workers' strike. Three minor infestations were treated, one around the Pump house when screenings were dumped close by, another in the road sweepings bays and the third along the retaining wall along the side of the river.

Millbrook Sewage Works—Two minor outbreaks were easily dealt with, the first in April around the settling tanks and the second around the Pump house. Rabbits have become a problem here and when possible are thinned by snares and shooting.

Chapel Wharf—No infestation was reported and no signs of rats were seen when inspected. An odd rat or two finds its way into the waste paper shed, but owing to the continual movement of the paper it is difficult to give a satisfactory treatment. The relatively few rats found may be due to the presence of wild cats.

Woolston Disposal Works—No complaint of rats was received from Woolston Works during the year.

Sewers—Sewer treatments continued at four-monthly intervals in the city sewers using Flouracetamide as in 1969.

All sewer manholes showing bait takes when tested in January, plus a manhole on either side, manholes found to be infested when investigating defective house drains, and manholes reported by the sewermen were included in the treatments.

Four hundred and five manholes were baited and 62 takes recorded.

Comparison with 1969 is as follows:

1969—410 manholes treated—61 takes

1970—405 manholes treated—62 takes

House Drains—Ten house drains were smoke tested and defects allowing rats egress were found in eight cases. Repairs were carried out by the owners in each instance.

Schools—Forty-eight treatments for rodents were given in thirty-five schools, seven for rats in the school grounds, twenty-eight for mice in the kitchens, and an odd mouse or two in a few classrooms.

Feral Pigeons—The control of pigeons was fairly successful and during the period April to December, 564 were shot, 401 trapped and 41 eggs destroyed.

Collared Doves—Collared doves are becoming a nuisance in the residential area around Westbourne Crescent and a number of complaints have been received that these birds foul paths, windows and roofs and also uproot young plants in the garden.

Wasps—Wasp complaints amounted to 118 of which 42 were dealt with by the Rodent Operator and 76 passed to contractors, being on private property. Two hornets nests were dealt with and four wild bees nests were causing concern to householders and had to be destroyed.

The Table below summarises the work carried out during 1970

Survey and Routine	Local Auth- ority	Business Premises	Private Dwel- lings	Bombed Sites, etc.	TOTALS
Premises inspected ...	70	184	431	69	754
Rat infestations found ...	24	1	262	61	348
Mouse infestations found	—	—	32	—	32
<i>Complaints investigated</i>					
Number of complaints...	62	411	1,593	71	2,137
Rat infestations found ...	25	113	950	69	1,157
Mouse infestations found	36	280	537	—	853
No infestation ...	1	18	106	2	127
<i>Treatments</i>					
Number of treatments completed (RATS) ...	49	114	1,212	130	1,505
Number of treatments completed (MICE) ...	36	280	569	—	885
Number of visits made survey and treatment	379	1,809	10,537	540	13,265

HOUSING

The work undertaken by the Housing Section of the Department during 1970 was notable for its diversity and also for its fundamental importance in the development of housing policy, both nationally and locally, following the passing of the Housing Act, 1969.

On 20th May, 1970 the Council declared its first general improvement area under Part II of the 1969 Act and house to house inspections by Public Health Inspectors were started straight away. By the end of the year 238 houses out of the total of 537 had been inspected and discussions had taken place with the owners and occupiers regarding repairs and improvements to the houses and their views obtained on behalf of the City Planning Officer regarding improvement of the area. The Council's 'Show House' at 10 Wolseley Road was open for four weeks prior to the declaration of the improvement area and was visited by over 1,200 people. Proposals to improve the environment at Freemantle include a traffic management scheme, improved street lighting, the development of Council owned land as a children's play area, an amenity garden with adjacent resident's parking and the building of old people's flats.

Part III of the Housing Act 1969 allows for the conversion of controlled rents to regulated rents of dwellings which have been brought up to a satisfactory standard. Local authorities have the responsibility of dealing with applications for such increases by considering whether the dwelling satisfies the following conditions:

1. the house is provided with all the standard amenities
2. it is in good repair
3. in all other respects is fit for human habitation

Five hundred and forty-nine visits were made in the year for the purpose of this part of the Act and it is interesting to note the proportion of refused applications (referred to later in the report). The main reason for this trend appears to be due to owners or their representatives submitting applications without first carrying out an inspection of their properties.

In October and November a sample survey was carried out of over 1,300 houses in the city to comply with Section 70 of the Housing Act, 1969. This survey was part of a survey covering South Hampshire, involving twelve local authorities and a sample of more than 5,000 houses. It was organised and administered by the Technical Unit of the South Hampshire Plan Advisory Committee. The inspections for the whole survey were carried out by twenty-one Public Health Inspectors from nine of the local authorities affected.

The clearance of unfit houses continues to play a significant role in housing work although the emphasis is now firmly on the repair and improvement of houses. During the year 144 houses were represented as unfit, of which 85 were included in clearance areas and 59 were dealt with as individual unfit houses.

The demolition of unfit houses totalled 129.

CLEARANCE AREAS

The Southampton (Belgrave Road Nos. 1-5) Clearance Areas, 1966

The Southampton (Belgrave Road) Compulsory Purchase Order, 1967

The last five houses in the order were demolished in the early part of the year.

The Southampton (Randolph Street Nos. 1-6) Clearance Areas, 1967

The Southampton (Randolph Street) Compulsory Purchase Order, 1968

A further nine families were rehoused and thirty-five houses demolished in the year leaving seven dwellings to be cleared in 1971.

The Southampton (Maddison Street) Clearance Area, 1968

The Southampton (Maddison Street) Compulsory Purchase Order, 1968

The last two families were rehoused early in the year and the eleven unfit houses in the order subsequently demolished and the site cleared.

The Southampton (Marlborough Road Nos. 1-3) Clearance Areas, 1968
The Southampton (Marlborough Road) Compulsory Purchase Order, 1968

All the families were rehoused and the twenty-seven houses in the order demolished.

The Southampton (Maytree Road Nos. 1 and 2) Clearance Areas, 1968
The Southampton (Maytree Road) Compulsory Purchase Order, 1968

Rehousing of the remaining fourteen families and the demolition of all twenty-six dwellings in the order was completed in 1970.

The Southampton (South Front Nos. 1-3) Clearance Areas, 1968

The Southampton (South Front) Compulsory Purchase Order, 1969

A Public Local Inquiry was held at the Civic Centre on 24th March, 1970 by R. H. Heath, Esq., A.R.I.C.S., A.M.T.P.H., Dip.T.P., on behalf of the Minister of Housing and Local Government and the Order was confirmed on 9th June, 1970 with the following minor modification:

that the watercloset shown at the rear of reference No. 1 should have been included with reference No. 14

Rehousing of the occupants will take place in 1971.

The Southampton (Amoy Street Nos. 1 and 2) Clearance Areas, 1969

The Southampton (Amoy Street) Compulsory Purchase Order 1970

These two clearance areas containing forty-four houses were represented on 13th June, 1969 and subsequently included in a compulsory purchase order made on 12th February, 1970 with the addition of the following properties:

Three dwelling houses and a vacant site.

As a result of objections to the order a Public Local Inquiry was held on 7th July, 1970 by J. M. Harrison, Esq., A.R.I.B.A. The Secretary of State for the Environment confirmed the order on 18th December, 1970 with the following modifications:

that Nos. 11, 23, 27, 33, 16, 22, 24, 32, 38 Amoy Street be transferred from Part II to Part III of the order schedule.

Rehousing will commence in 1971.

The Southampton (Summers Street) Clearance Area, 1969

The Southampton (Summers Street) Compulsory Purchase Order, 1970

Fourteen unfit houses in the clearance area, represented on 13th June, 1969 were included in a compulsory purchase order made on 19th May, 1970 with the addition of the following properties:

Two dwelling houses, a garage and a vacant site.

There was only one objection to the order which was subsequently withdrawn, making a public inquiry unnecessary. The order was confirmed without modification on 6th October, 1970.

The occupants will be rehoused in 1971.

The Southampton (Wolseley Road Nos. 1 and 2) Clearance Areas, 1970

The Southampton (Wolseley Road) Compulsory Purchase Order, 1970

Formal representation of these clearance areas was made on 13th February, 1970 and included fifteen houses. A compulsory purchase order was made on 24th July, 1970 incorporating these houses and, in addition a parcel of land with a workshop situated on it.

A Public Local Inquiry into the Order will be held on 12th January, 1971.

The Southampton (Radcliffe Road) Clearance Area, 1970

The Southampton (Radcliffe Road) Compulsory Purchase Order, 1970

The clearance area, containing seventy houses, was represented on 10th April, 1970 and subsequently included in a compulsory purchase order made on 30th September 1970 with the addition of one dwelling house and a plot of land. Objections have been made regarding certain properties and a public inquiry will be arranged early in 1971.

Individual Unfit Houses

During the year fifty-eight houses were demolished. Of these forty-five were Demolition Orders, eleven were unfit houses owned by the Council and two were demolished following undertakings given by the owners.

In respect of the eleven houses represented at the end of 1969 the Council made four Demolition Orders, four Closing Orders, two Closing Orders for parts of buildings and accepted an owner's undertaking that his house would be made fit for human habitation.

During 1970, seven houses and parts of two other houses, subject to Closing Orders, were made fit for habitation and the orders determined under section 27 of the Housing Act, 1957.

Representations in accordance with section 16 of the Housing Act, 1957 were made in relation to fifty-eight houses and the following decisions made:

- 4 Demolition Orders
- 27 Closing Orders
- 1 Closing Order for part of a building
- 9 Undertakings accepted that houses would either be made fit or would not be used for human habitation.

The orders have not yet been made in respect of the seventeen remaining houses.

There was also one local authority owned house which was certified as being unfit for human habitation during the period under review.

A summary showing the number of houses dealt with under the Housing Acts from 1953 to 1970.

(1) Number of houses included in clearance areas	2,837
(2) Number of houses outside clearance areas	442
(3) Number of houses demolished in (1) and (2)	3,076
(4) Number of individual houses demolished	840
(5) Number of individual houses closed or awaiting demolition ...	151

HOUSING ACT, 1969, PART II

Freemantle No. 1 General Improvement Area

Position at 31st December, 1970:

(1) Number of houses inspected (including self contained flats) ...	238
(2) Number of houses with all standard amenities and in good repair	151
(3) Number of houses with all standard amenities but not in good repair	34
(4) Number of houses without one or more of the standard amenities	53
(5) Grant applications approved	16
(6) Grant works completed	2

HOUSING ACT, 1969, Part III

Qualification Certificates:

(1) Applications received since act was passed	215
(2) Applications granted	22
(3) Applications refused	113

Provisional Certificates:

(1) Applications received since act was passed	57
(2) Applications granted	27
(3) Applications refused	5

FOOD INSPECTION

The inspection of home-killed and imported meat and premises involved 1,308 visits to wholesale meat depots, butchers shops and meat manufacturing premises. Unsound meat and offal amounting to 6 tons 10 cwt. 49 lb. (6,626 Kg) were voluntarily surrendered and destroyed.

Under the Imported Food Regulations, 400 notifications were received from various Port Health Authorities of foodstuff, principally meat and offal in sealed containers, passing without inspection through their ports to destinations in Southampton.

Following the inspection of animal casings at a local factory 31 export certificates were issued.

As a result of 2,198 visits of inspection the following articles of food, found to be unfit for human consumption were voluntarily surrendered and destroyed.

					Tons	Cwt.	Lb.
Canned food	...	...	...	...	7	4	80
Fish ...	...	...	...	...	2	14	74
Fruit	...	...	...	...	42	1	106
Vegetables .	...	...	...	...	36	13	81
Meat and offal	...	...	...	...	6	10	49
Frozen foods	...	...	...	...	5	5	65
Miscellaneous	...	...	...	...	16	17	11
					117	8	18
					119,292 kg.		

Food Complaints

Complaints concerning unsatisfactory food and containers numbered 256. Many of the complaints were of a minor character but they were all carefully investigated involving 814 visits. Mould was the predominant cause of complaints being the cause in 47 cases.

All complaints, except one, were dealt with informally. The one exception resulted in a fine of £15 being imposed on a company selling a mouldy apple turnover.

Milk Supply

There are three dairies in the city. One is a family business, another a Co-operative and the third is part of a national group. All have H.T.S.T. pasteurising plants and the third mentioned dairy has a U.H.T. plant. A creamery is also attached to this dairy. Work is well advanced on the construction of a new dairy for the family business.

The following licences under the Milk (Special Designation) Regulations were in operation in the city.

Pasteurisers	...	...	...	...	3
U.H.T.	...	...	...	...	1
Dealers (Pasteurised Milk)	...	...	...	...	276
Dealers (Sterilised Milk)	...	...	...	...	40
Dealers (U.H.T. Milk)	...	...	...	...	90

For sampling purposes and inspection of premises and plant, 273 visits were made to dairies. 419 samples were submitted to the Public Analyst. These samples included 53 Channel Islands Milk and 271 samples taken for the detection of antibiotics.

The following samples of designated milk were submitted to the Public Health Laboratory for the appropriate tests:

190 Pasteurised Milk
2 Sterilised Milk
9 U.H.T. Milk

No untreated milk was sold in the city. Seven samples of pasteurised milk failed the methylene blue test and one of these samples also failed the phosphatase test. These failures were investigated and further samples were satisfactory. Twenty-two washed bottles and rinses from four washed milk churns were submitted to the Public Health Laboratory for bacteriological examination and all were classed as satisfactory.

In connection with an investigation into the incidence of Enteric, Salmonella or Brucella organisms in cream 59 samples of cream were submitted to the Public Health Laboratory. All the samples were found to be heat treated and no adverse reports were received. Forty-eight samples of goats milk were submitted to the Public Health Laboratory for the detection of Brucella or Salmonella. All samples were satisfactory.

Ice Cream

Premises are registered by the Council under the Food and Drugs Act 1955 for the sale, manufacture or storage of ice cream and under the Southampton Corporation Act for changes of occupiers and self-employed operators of ice cream vans.

The register at the end of the year was as follows:

Manufacturers (hot mix method)	...	...	...	...	1
Manufacturers (cold mix method or soft ice cream machine)	...	...	...	...	9
Depots and storage	...	...	...	...	4
Vendors	...	...	...	...	675
Self employed operators of ice cream vans	...	...	...	...	46
					735

A total of 195 visits was made to ice cream premises. All 22 samples of ice cream submitted to the Public Analyst were satisfactory and 61 samples were submitted to the Public Health Laboratory with the following results:

	Vans	Premises
Provisional Grade One	16	22
Provisional Grade Two	7	—
Provisional Grade Three	3	2
Provisional Grade Four	9	2

The unsatisfactory samples were followed up, advice given and further samples were satisfactory.

Sampling—Food and Drugs Act, 1955

During the year 951 samples were taken for analysis. The following table shows the number of samples taken of each article and whether satisfactory or otherwise. A summary of unsatisfactory samples also follows:

Articles	Formal	Informal	Not Satisfactory
Baking powder	—	12	—
Butter, margarine, cooking fats, cheese, etc. ...	44	7	1
Cereals	—	13	—
Condiment sauces, etc.	6	16	—
Drugs	6	38	—
Flour, cake mix, bread, biscuits, etc.	7	50	—
Fruit, fruit juices, vegetables, nuts, etc. ...	8	65	1
Fish, meat and meat products	44	27	6
Herbs and spices	—	6	—
Marzipan, preserved and dried fruit	—	29	—
Milk, liquid canned and dried	211	225	9
Sugar confectionery, ice cream, etc.	1	35	—
Preserves, honey, etc.	—	11	—
Soft drinks	6	10	—
Tea, coffee, cocoa	12	8	—
Wines, spirits and beer	19	22	1
Cream	4	9	—

Summary of Unsatisfactory Samples

Sample No.	
74	A formal sample of Buffet Pork Pies infested with mould and unfit for human consumption. Vendor and manufacturer communicated with.
183	A formal sample of Sardine Spread with tomato. The lead content was just on the limit of 5 p.p.m. This type of product usually has a lead content of not more than 2 p.p.m. Manufacturer communicated with. Investigation raw materials by manufacturer.
211	A formal sample of Channel Island Milk deficient of milk fat. Milk fat not more than 3.90% by weight. Warning letter to producer, and letter sent to the Milk Marketing Board.
214	A formal sample of Channel Island Milk deficient of milk fat. Milk fat not more than 3.80% by weight. Warning letter to producer and letter sent to the Milk Marketing Board.
219	A formal sample of Channel Island Milk deficient of milk fat. Milk fat not more than 3.80% by weight. Warning letter to producer, and letter sent to the Milk Marketing Board.
228	A formal sample of Milk containing a small amount of extraneous water. Freezing point test (Hortvet) = 0.529°C. Further sample taken which proved to be satisfactory.

Sample No.	
244	An informal sample of jam which had a growth of mould identified as <i>Helminthe Sporium Monoceras</i> . Manufacturer and importer communicated with. Stock withdrawn from sale.
318	An informal sample of tomato soup deficient of Tomato Solids. Manufacturer communicated with.
302	A formal sample of Tomato Soup Mix deficient of Tomato Solids. Manufacturer communicated with. New recipe being used now. Sample of new recipe satisfactory.
341	An informal sample of milk containing 0.075 units of penicillin. Further sample taken and found to contain 0.03 units of penicillin. Vendor cautioned.
534	An informal sample of strawberry jam deficient of soluble solids infested with yeast and unfit for human consumption. Soluble solids = 64.5%. Vendor and importer communicated with.
538	An informal sample of canned Loganberry Jam containing an excessive amount of lead. Lead content = 2 p.p.m. Vendor communicated with.
552	An informal sample of skimmed milk with non-milk fat bearing an unsatisfactory label. The label did not comply with the Skimmed Milk with Non-Milk Fat Regulations. Manufacturer has agreed to alter the label to comply with the regulation.
557	A formal sample of Butter containing an excess of water. Water content 16.3%. Vendor and manufacturer communicated with.
658	An informal sample of milk containing an excessive amount of penicillin. Penicillin = 0.1 International units per millilitre. Further samples taken from the tanker supply and farms proved to be satisfactory.
666	An informal sample of milk containing an excessive amount of penicillin. Penicillin = 0.5 International units per millilitre. Further samples taken from the tanker supply and farms proved to be satisfactory.
710	An informal sample of milk containing an excessive amount of penicillin. Penicillin = 0.05 International units per millilitre. Subsequent samples proved to be satisfactory.
823	Fish fingers deficient of fish. Fish content not more than 56%. There is no legal standard in relation to fish content. This product will be kept under review.
860	Ruby Port type British Wine. A sample red wine bearing an unsatisfactory label. The bottler has agreed to alter the label to omit the words 'Port type'.
880	A sample of Chestnuts containing 48% bad nuts. Vendor had all stocks withdrawn from sale.

Food Hygiene (General) Regulations, 1960

The number of food premises subject to these regulations is as follows:

Bakehouses and food factories	...	...	...	22
Works, shops and office canteens	...	...	...	70
Wholesale meat factories and depots	...	...	...	35
Wholesale grocers, fruiterers	...	...	...	30
Butchers	...	...	...	117
Fishmongers, greengrocers	...	...	...	107
Fish friers	...	...	...	47
General food shops, sweet shops	...	...	...	712
Cafes, restaurants	...	...	...	185
Public Houses, hotels, guest houses	...	...	...	424
School kitchens	...	...	...	72

The inspection of licensed premises, hotels, clubs, restaurants, cafes and school meals establishments accounted for 1,824 inspections, and 284 inspections were carried out of bakehouses, food factories, and canteens. A further 728 inspections were made of wholesale depots. Butchers, fish friers and general food shops received 482 inspections.

The following items of work were carried out as a result of an informal approach:

Food rooms decorated, cleaned or repaired	...	158
Lighting or ventilation improved	...	25
Sinks provided or renewed	...	24
Washing facilities provided for staff or customers	...	36
Sinks or wash hand basins provided with hot water	...	50
Sanitary accommodation provided in cafe etc. for customers	...	10
Sanitary accommodation provided for staff	...	7
Sanitary accommodation cleansed, repaired, improved, etc.	...	43
Counter protections or working surfaces improved	...	31
Yard surfaces improved	...	12

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

Routine inspection of itinerant food traders is complicated by the number of changes in vehicles and traders. Some traders remain in business for only a short period and much time can be spent in endeavouring to follow up outstanding notices on vehicles no longer trading.

A total of 593 visits was made in connection with Kingsland Market, vehicles and stalls.

Hand washing facilities provided	...	6
Delivery vehicles improved	...	3
Food protection provided	...	6

The Liquid Egg (Pasteurisation) Regulations 1963

There are no egg pasteurisation plants in Southampton and no samples were taken during the year.

Poultry Inspection

There are no poultry processing premises in the city.

The Public Health (Shell Fish) Regulations, 1934-1948

The Ministry of Agriculture Fisheries and Food is considering making Several Orders in relation to parts of Southampton Water and Stanswood Bay giving sole fishing rights to applicants. The Several Orders proposed for Southampton Water would refer to clams only. However, the Several Order applied for in Stanswood Bay would refer to mussels and clams. This latter Several Order can only be made providing Orders made by the Council under the above-mentioned Regulations are altered.

Water samples were taken at several points along Southampton Water and Stanswood Bay, and the results show that pollution is much lower in Stanswood Bay. It is therefore proposed to revoke the existing Orders made under the above regulations and to make two new Orders incorporating conditions which take into account this lower level of pollution in the Stanswood Bay area.

Salmonella in Pet Food

Twenty-eight samples of meat from pet shops and three samples of meat from butchers shops were submitted to the Public Health Laboratory. Salmonella organisms were found in two samples from pet shops, one of uncooked imported frozen beef, the other cooked meat from a knacker's yard.

Fertilisers and Feeding Stuffs Act 1926

Fifty-one samples were taken for examination. Forty-seven of these samples were of animal feeding stuffs taken at a local mill. Practically the whole range of feeding stuffs produced at the mill was sampled during the year. In eight instances it was necessary to call the attention of the management to slight discrepancies in the statutory statements, principally excess of protein. Follow up samples were satisfactory.

The remaining four samples of fertilisers were satisfactory.

AIR POLLUTION CONTROL

Under the provisions of the Clean Air Acts 1956 and 1968, a total of 791 visits was made excluding those in connection with domestic smoke control which are reviewed below. These visits related to the investigation of complaints, smut or smoke nuisances, smoke observations, and control or advisory visits in connection with the installation or alteration of boiler plant and erection of new chimneys.

It was not found necessary to take formal action in respect of any contraventions and informal advice and warnings resulted in the necessary improvement. For instance, 6 contraventions in relation to the emission of dark smoke from chimneys under Section 1 of the 1956 Act and 14 cases of dark smoke emissions from trade premises under Section 1 of the 1968 Act were dealt with in this way. Some difficulties continue to arise in connection with dark smoke emission from trade premises caused by the burning of waste and scrap but constant vigilance and advice are reducing the problem.

Under the provision of Section 6 of the 1968 Act relating to control of the height of chimneys, approval was given in 8 cases. One of these was initially refused but subsequently a revised application for a chimney of considerably increased height was approved.

In a further 16 cases proposals to construct chimneys which were exempt from the provision of the 1968 Act were considered. Eleven of these were satisfactory and in the other 5 cases the height of the chimney was increased by agreement.

SMOKE CONTROL AREAS

In April the No. 8 (Lordshill) Smoke Control Order came into operation. This covers a largely undeveloped area being used for extensive new house building and the implementation of smoke control will ensure smokeless development.

The No. 9 (Freemantle) Smoke Control Order was confirmed in March. Most of this area was also declared an Improvement Area under the Housing Act 1969, and work of alteration or replacement of fireplaces is being integrated with improvement grant work as far as practicable. Progress with this type of co-ordinated effort is necessarily slow and the operative date is not until 1972.

The No. 10 (Shirley) Smoke Control Order was made in April and confirmed in July and work of conversion to fireplaces was well in hand at the end of the year.

The No. 11 (Shirley No. 2) Smoke Control Order was made in October and was awaiting confirmation at the end of the year.

In November the Southampton and District Coal Merchants' Association informed the Council that stocks of solid smokeless fuels in the City were almost exhausted and asked that Smoke Control Orders should be suspended. This situation was confirmed by other enquiries and the Council immediately applied to the Department of the Environment for suspension of the eight operative Smoke Control Orders. The necessary Suspension Order was made by the Minister on 27th November, 1970 and suspended all operative Smoke Control Orders in the city until 31st March, 1971. Fortunately, as solid smokeless fuel plays a minority role in smoke control in Southampton the effects of this suspension appear to have had little overall effect on atmospheric conditions.

Progress in smoke control continues to be somewhat curtailed by both financial restrictions and the national shortage of solid smokeless fuel, but work in this connection resulted in 3,015 visits during the year.

OFFENSIVE TRADES

Consent to carry on offensive trades was granted in respect of six dealers in rags, one bone dealer and one large factory carrying on gut scraping, edible fat melting and inedible fat extraction.

This latter factory operates a modern solvent extraction plant for the inedible fat process, the end products being fertiliser, feeding meal and tallow. There has been a history of odour nuisance and complaint for several years and for this reason consent under section 107 of the Public Health Act 1936 has for some time been restricted to six monthly periods so that the Council could keep the position under close review.

The position during the summer showed a deterioration compared with the previous two years both as regards the number of complaints of odour nuisance and the occasions when Public Health Inspectors reported a smell in the vicinity of the factory and in October the Council refused further consent by a large majority on a free vote. At the end of the year an appeal against this decision was awaiting hearing in the Magistrates Court.

During the year 776 visits were made in respect of offensive trades, largely in connection with the animal by-products factory referred to above.

RAG, FLOCK AND OTHER FILLINGS MATERIALS ACT, 1951

The number of premises registered under the act to use filling materials is 13, this being a reduction of one from the previous year.

There are no premises licensed to manufacture or store rag flock.

Five formal samples of filling materials were taken and submitted to a prescribed analyst. Four were satisfactory but one had a higher trash content than permitted and this was taken up informally with the manufacturers.

CONSUMER PROTECTION

The Toys (Safety) Regulations, 1967

Eleven informal samples of toys were submitted for the analysis of paint for toxic metals or for the presence of celluloid. These samples included toys manufactured in Japan, Hong-Kong, Poland, Rumania and West Germany in addition to some of unknown origin. All were found to be satisfactory and it is evident that these regulations have been effective in largely eliminating unsatisfactory toys from the market.

Hairdressers' Premises

The Southampton Corporation Act, 1937, requires persons carrying on the business of hairdressing to register their premises with the Council and Byelaws, made under the Act, control the cleanliness of the premises.

There are 164 ladies and 82 gentlemen's hairdressing businesses on the register, a small proportion being combined. The number of premises concerned is 224, an increase of 4 compared to last year.

170 visits specifically in connection with this Act have been made, but in addition, many have been made in conjunction with the Offices, Shops and Railway Premises Act. The general standard of the premises has been found satisfactory.

SHOPS ACT, 1950

The number of visits made was 1,131 and many of these were made in combination with visits under the Offices, Shops and Railway Premises Act and the Food Hygiene Regulations.

Informal warnings were given on 78 occasions; these related in 65 instances to the employment of assistants, in three cases to general shop hours and in 10 cases to infringements in connection with Sunday trading.

In March advertisements were seen in the local evening paper to the effect that a carpet showroom was open for trading on Sundays. In spite of warnings the opening of these premises on Sundays continued and proceedings were therefore undertaken. The company, upon conviction were fined £5 with five guineas costs and thereafter the premises remained closed on Sundays.

PHARMACY AND POISONS ACTS, 1933

The duties of the Department are concerned with the supervision of the sale of scheduled poisons in Part II of the Poisons List in shops other than chemists employing qualified pharmacists. These poisons are contained in such products as household disinfectants, weed-killers, agricultural and horticultural insecticides, hair colouring preparations and descaling compounds. Visits are made to control labelling for sale, storage, containers and other matters.

The number of inspections under the Act was 20. There was only one application during the year for entry on the Register under Part II of the Act. The number of premises on the Register at the end of the year was 118, being a reduction of 9 on the previous year.

RADIOACTIVE SUBSTANCES ACT, 1960

There are 22 certificates effective to keep and use radioactive substances on or in connection with 13 premises in the city. On receipt of each notification from the Department of the Environment, other departments who may be affected, namely Police, Fire, Water and Engineering are notified.

During the year no new certificates were received but 11 were cancelled and re-issued with amendments.

BAKEHOUSES

Visits under the Food Hygiene (General) Regulations and the Factories Act 1961 totalled 43. The number of bakehouses in the city is 15, but this does not include an increasing number of bakery shops where prepared items such as crusty bread and pies are baked on the premises for immediate sale.

The general standard of bakehouses is satisfactory and alterations and improvements have been made to several of the premises.

(The following Appendix is included at the request of the Department of Employment)

Annual Report of the Medical Officer of Health in respect of the year 1970 for the City of Southampton in the County of Hampshire

Prescribed Particulars on the Administration of the Factories Act 1961

I. INSPECTIONS for purposes of provisions as to health (including inspection made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of:		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	23	15	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	863	789	56	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	17	6	1	—
TOTAL ...	903	810	57	—

2. Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three, or more separate occasions they should be reckoned as two, three, or more 'cases'.)

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Wants of cleanliness (s. 1)...	—	—	—	—	—
Overcrowding (s. 2) ...	—	—	—	—	—
Unreasonable temperature (s. 3)	—	—	—	—	—
Inadequate ventilation (s. 4)	—	—	—	—	—
Ineffective drainage (s. 6) ...	—	—	—	—	—
Sanitary Conveniences (s. 7)					
(a) Insufficient	4	4	—	—	—
(b) Unsuitable or defective	54	23	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	1	—	—	—
TOTAL ...	58	28	—	1	—

FACTORIES ACT, 1961

	No. on Register at end of year	No. of visits during year
Power factories	863	789
Non-power factories	23	15
TOTAL ..	886	804

OUTWORKERS (Section 133 and 134)

The Factories Act, 1961 requires that factory occupiers and contractors shall send copies of lists of outworkers employed in certain classes of work to the district council in February and August of each year. Lists were received as follows:

Month	No. of lists sent in by			No. of Outworkers notified			No. of Outworkers notified to other Local Authorities
	Local firms	Other Local Authorities	TOTAL	Local firms	Other Local Authorities	TOTAL	
February	2	1	3	5	11	16	4
August	1	2	3	3	11	14	3

7 Visits were made to outworkers premises. No cases were found of homework being carried on in unwholesome or undesirable premises.

Further details of action under the Factories Act are enclosed in the attached prescribed appendix.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

(a) Registrations and General Inspections

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	113	924	206
Retail shops	119	1,317	522
Wholesale shops, warehouses ...	17	181	67
Catering establishments open to the public, canteens	16	270	270
Fuel storage depots	1	10	1
TOTALS ...	266	2,702	1,066

Total number of visits of all kinds by Inspectors to registered premises under the Act: 3,513.

Total number of persons employed in the above premises: 26,984.

(b) Analysis of Contraventions

Section	Number of contraventions found							
4	Cleanliness	...	...	...	...	...	...	26
5	Overcrowding	...	...	...	...	...	...	5
6	Temperature	...	...	...	...	...	...	8
7	Ventilation	...	...	...	...	...	...	42
8	Lighting	...	...	...	...	...	...	24
9	Sanitary conveniences	...	...	...	...	...	...	87
10	Washing facilities	...	...	...	...	...	...	36
11	Supply of drinking water	...	...	...	...	...	...	—
12	Clothing accommodation	...	...	...	...	...	...	4
13	Sitting facilities	...	...	...	...	...	...	2
15	Eating facilities	...	...	...	...	...	...	3
16	Floors, passages and stairs	...	...	...	...	...	...	68
17	Fencing exposed parts machinery	...	...	...	...	...	...	22
24	First aid	...	...	...	...	...	...	70
	Other matters	...	...	...	...	...	...	143
	TOTAL ... 540							

(c) Analysis of Reported Accidents

	Offices	Retail shops	Whole-sale warehouses	Catering establishments open to the public, canteens	Fuel storage depots
Machinery	—	3	1	—	—
Transport	—	4	5	—	—
Falls of persons ...	3	17	3	12	—
Stepping on or striking against object or person	2	2	—	2	—
Handling goods	2	9	6	3	—
Struck by falling object ...	1	3	—	2	—
Fires and explosions ...	—	—	—	—	—
Electricity	1	1	—	—	—
Use of hand tools	—	2	1	1	—
Not otherwise specified	—	6	—	7	—
TOTAL	9	47	16	27	—

Under the provisions of Section 48 a firm of multiple grocers notified an accident to a young man aged 16 years of age. The accident was caused whilst he was cleaning a manually operated bacon slicing machine and involved an injury to the index finger of the right hand necessitating stitches and a skin graft. Proceedings were taken against the firm but the defence made a strong plea to the effect that the young man had disobeyed orders and that a properly worded notice was displayed. The magistrates dismissed the case.

During the first year of the operation of the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968 a few problems have been encountered in their practical application but with the ready co-operation of the occupiers of premises these are gradually being ironed out. The manually operated hoists in public houses with cellar storage have presented the most difficulties. This first year could be said to be a period of trial in appreciating the full extent of the legislation and its application.

PORT HEALTH

PORT HEALTH SERVICE

Dr. ANGUS MCGREGOR, Port Medical Officer

The number of ships entering the port during 1970 increased and the number boarded and inspected by the medical officers and port health inspectors also increased. There was an increase in the number of passengers arriving at 577,704 and a slight increase in the number of medical certificates issued for alien and commonwealth immigrants. There was a slight reduction in the number of notifiable and other infectious diseases entering the port. No disease subject to the International Health Regulations was landed at Southampton and the general incidence of infectious sickness on ships continued to be low.

An outbreak of smallpox in Germany at the beginning of the year and the spread of cholera throughout the Near East and Africa meant the alerting of the Port Health staff and a watch was kept on water and foodstuffs purchased in cholera infected areas and used on board ships. Samples were submitted to the Public Health Laboratory.

On the 17th January, 1970, a cable was received at Southampton from the Director General, Medical Services, Canada, requesting information regarding possible typhoid contacts on a vessel which had sailed from Southampton in December, 1969. In all, six cables were exchanged. The outbreak of typhoid fever occurred whilst the vessel was on the Pacific coast and attracted a considerable amount of publicity because of the large number of people on board, about 1,500, and the possibility of the spread of the disease to more than the 50 confirmed cases.

The large increase in imports of frozen meats, which had doubled in 1969, continued, and landings at the cold store berth of meat, dairy produce and general cargo again showed an increase of over 70% compared with 1969.

The arrival of the first ever consignment of canned desiccated coconut from South Africa aroused the interest and suspicion of the Port Health staff. An investigation and the sampling and opening of a number of tins revealed the contents to be herbal cannabis. The matter was reported to H.M. Customs and the tins were found to contain 98 lb. of cannabis. The cartons were resealed and the agents informed that the consignment was ready for collection. When the importers arrived to collect the goods they were arrested.

Containerisation, from the port health point of view, has not produced many problems and as more and better facilities are provided at the container berth any small delays should be eliminated. Of the containers carrying foodstuffs 94% were inspected at the port, only 6% requesting clearance at Inland Container Depots.

Southampton container traffic leapt ahead dramatically in 1970. Three shipping companies maintain a regular container service across the North Atlantic to Southampton; in 1969 container cargo totalled 80,000 tons, in 1970 it reached 320,000 tons, four times greater. With additional ferry services and feeder container services and other new shipping companies using the port the port health staff have been under severe pressure although it is hoped that the appointment of additional staff in the new year will ease the situation. The arrival of the Far East container service towards the end of 1971 may make further staff increases necessary. The Far East container service, scheduled to open in 1971, will probably bring some two million tons of cargo to the port annually, of which possibly 200,000 tons will be foodstuffs. When this service is fully operational it is estimated that over 1,000 containers a day will pass through Southampton.

Contents of Report

The report of the Chief Port Health Inspector is followed by sections required by the Department of Health. Some supplementary material dealing with other aspects of the work of the Service is also included.

REPORT OF THE CHIEF PORT HEALTH INSPECTOR

MR. T. BORROWS

Diseases of Animals Act

The Port Health Authority took over this work in the port on the 1st April, 1970. Details of the work carried out are under the appropriate section of the report. This work has been found to be interesting, arduous and frustrating. As was to be expected, with the first 100% operation and administration of this Act and its numerous orders in the port, many problems were encountered and many difficulties had to be overcome. People who had not encountered the port health inspectorate in the guise of animals inspectors had to learn of our requirements and adapt themselves to an inspection of their vehicles and livestock.

Many of the Orders made under the Diseases of Animals Act are over 40 years old and do not readily lend themselves to modern methods of transport. Special dispensation is given by the Ministry of Agriculture, Fisheries and Food to some 2-tier vehicles carrying livestock on vessels but as many of these vehicles are over 12 feet high their ability to remain upright at sea is doubtful. These vehicles require securing to the deck but many of the securing points are at chassis level and even where they are above this level they are often so fragile as to cause concern for the stability of the vehicle in anything like heavy weather.

It was anticipated that there would be a considerable amount of work to be done under this Act but we have been quite surprised at the amount of livestock involved. In fact some of the ships involved have been referred to as Noah's Arks. We were equally surprised by the number of ships that carry pets on board and quite astonished to find on one small ship the following pets, 1 donkey, 1 monkey, 1 bitch with 2 pups, 1 brown mongrel dog and 1 black and white mongrel bitch.

An attempt was made to smuggle a kitten into the country. The port health inspector, on being called to the scene, found the kitten secreted inside a guitar. This had been done by removing the strings, inserting the kitten, replacing the strings and placing the guitar in a case. A prosecution was instituted and the defendant was fined £100.

Some aspects of the work are very time consuming. An illegal landing of a dog or cat can involve many hours of work, contacting kennels and authorised carriers, especially at night.

Clean Air Act—Dark Smoke (Permitted Periods) (Vessels) Regulations

There were 55 cases of the emission of black smoke in which vessels were boarded and the masters warned of offences under the regulations. In only 10 cases could it be said properly that the emissions were due to mechanical failures. Most emissions were abated as soon as the port health inspector approached the master or engineer. The commonest excuse for making smoke was 'flashing up'. Flashing up or attempting to raise pressure too quickly cannot be accepted as an excuse for the emission of black smoke, shade 4, over some of the long periods that have been observed. Investigations of smoke emissions are time consuming and staff shortages have prevented giving this field of environmental health the attention that it needs and deserves.

Food Inspection

The Imported Food Regulations have now been in operation for over two years; sufficient time to enable an assessment to be made of their suitability. By and large they seem to be working well but the expression in 5(3)(b) 'considers it expedient' would appear to require amplification.

There is ample evidence that some port health authorities find it expedient to defer the examination of most of their food imports and that notification to the receiving authority does not always take place. Because of the absence of delays and ease of clearance of goods entering these ports traffic from other ports is diverted to them. A lot of this traffic is spasmodic and to butcheries and similar small establishments and it is doubtful if all the receiving local authorities are prepared or competent to handle this traffic. It was intended, and I refer to

the Department of Health memorandum dated November 1969 to the Liaison Committee, Sea and Air Port Health Authorities' Association, 'that imported food be cleared at points where expertise can develop and are sufficiently limited in number for inter communication to be practicable; in addition to sea and air ports such points could be container bases, freight liner terminals and similar large depots and we suggest that all ports be advised to consider it expedient to defer health clearance inland only to such destinations'. I would suggest that this now be incorporated in the regulations. There is evidence that some of the imports of French beef reaching inland authorities are unfit for human consumption and had they been examined at the port of entry, would have proceeded no further.

The importation of meat into the Port of Southampton continues to increase. Discharges at the Cold Store berth in 1969 showed 100% increase over 1968 and 1970 shows the discharges at the Cold Store berth stood at 51,145 tons compared with 37,371 tons total discharges in 1969. A recent agreement with the New Zealand Meat Producers' Board will mean a further two ships per month during the high season reducing to one a month for the remainder of the year. This will mean a further 2,000 tons of meat per ship as well as dairy produce and general cargo. Added to this of course are the quite considerable quantities of South African meat that arrive at 101 berth.

Containerisation

Most of the containers carrying foodstuffs entering the port have their contents examined by the port health authority. Few ask for deferred examination. The rapid growth of containerisation during the year and the necessity for rapid clearance placed some strain on the staff but the proposed increases of staff in the new year should overcome this problem for the time being.

Roll on/Roll off Traffic

This traffic does present a problem. With many of the vehicles driver accompanied, and all anxious to drive away, deliver their load and drive back to catch the next ferry, speed in examination is of the essence. With, during the high season, approximately seven ferries per day, it involved one inspector in almost constant attendance at the ferry berths. Here again practically all foodstuffs are inspected by the port health authority. There are not many requests for deferred examination with the exception of the imports of continental beef. There were 241 requests made for deferred examination of this beef. These requests were granted but disquieting reports from some inland authorities on the condition of this meat can mean that failure to improve this type of import will mean that examination will be enforced at the port. In any case the proliferation of this trade to numerous small establishments up and down the country presents problems of communication.

Rodent Control

This continues to be a successful operation. There have been no complaints of rodent damage to foodstuffs in the sheds. Reports reveal only the odd migrant rat but having apparently successfully disposed of the rats we now seem to have some warfarin resistant mice. Several mice infestations have come to light and although few at the moment they seem to be difficult to eradicate. Changes of bait and poison are being tried and the results are being carefully watched in an endeavour to ascertain if a successful remedy can be found.

New Port Health Office

In November the port health staff moved into new offices at 6 Bugle Street. These premises were the old Eastleigh Court House. The ground floor is now occupied by the Southampton Registrar and the port health occupy the first floor. This new accommodation was badly needed and provides room for an expanding port health staff.

Table 'A'

Section I—Staff

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointment held
Dr. Angus McGregor	Port Medical Officer	1.2.65	M.A., M.D., D.P.H.	Medical Officer of Health. Medical Inspector of Aliens
Dr. W. P. Cargill	Deputy Port Medical Officer	16.2.42	B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Deputy Medical Officer of Health. Medical Inspector of Aliens
Dr. H. D. Rossiter	Asst. Port Medical Officer	28.4.52	M.B., B.Ch., D.P.H.	Asst. Medical Officer of Health. Medical Inspector of Aliens
Dr. R. H. Hunt	Asst. Port Medical Officer	1.7.68	L.R.C.P. & S (ED)., L.D.S.R.C.S.	Medical Inspector of Aliens
Dr. J. Russell	Asst. Port Medical Officer	18.2.69	M.R.C.S., L.R.C.P.	Medical Inspector of Aliens
Mr. T. Borrows	Chief Port Health Inspector	1.4.67	Cert. R.S.H. Cert. Meat & Other Foods. Cert. Liverpool University School of Hygiene for meat and food inspection. Intermediate Diploma in Municipal Administration	Diseases of Animal Inspector
Mr. B. W. Goode	Port Health Inspector	1.1.69	Diploma of Public Health Inspectors' Education Board. Cert. Meat & Other Foods, R.S.H. Diploma of Smoke Inspectors R.S.H.	Diseases of Animal Inspector
Mr. N. Howard	Port Health Inspector	1.8.69	Cert. Public Health Inspectors' Joint Board R.S.H. Cert. Meat & other Foods R.S.H.	Diseases of Animal Inspector
Mr. G. Thompson	Port Health Inspector	1.1.48	Cert. R.S.H.	Diseases of Animal Inspector
Mr. A. B. Smith	Port Health Inspector	26.8.63	Cert. Royal Sanitary Assoc. of Scotland	Diseases of Animal Inspector
Mr. T. G. Campbell	Port Health Inspector	2.3.64	Cert. R.S.H. Cert. Meat & Other Foods R.S.H.	Diseases of Animal Inspector
Mr. A. E. Gardner	Clerk	19.12.26		
Mr. D. A. G. Brown	Rodent Operator	23.11.64		

Address and telephone number of the Port Medical Officer:
6 Bugle Street, Southampton Tel. No. 26631 & 32106

Section II—Amount of Shipping Entering the District during the year

Table 'B'

Ships from	Number	Tonnage	Number inspected		No. of ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Port Health Inspector	
Foreign ports	3,722	19,248,551	1,132	1,578	119
Coastwise	18,890	6,413,834	1	573	6
TOTAL	22,612	25,662,385	1,133*	2,151	125

*Of the 1,133 vessels, 1,122 were boarded by the Medical Officer alone and 11 were boarded by both Medical Officer and Port Health Inspector.

Section III—Character of Shipping and Trade During the Year

Table 'C'

Passenger Traffic	Number of Passengers Inwards Number of Passengers Outwards		577,704 588,048
Cargo Traffic	Principal Imports (Foreign)		Canned foods; dairy produce; fruit (citrus); Fruit (Deciduous); dried fruit; vegetables; meat and meat products; provisions; wines; miscellaneous frozen foods; grain; flour; animal feeding stuffs; timber; building materials; chemical and chemical fertilizers; tobacco; crude and refined oil etc.; miscellaneous.
	(Coastwise)		Coal; Transhipped goods and home produce.
	Principal Exports		General manufactured goods; textiles; grain and flour; food and provisions; machinery; iron and steel; motor cars etc.
Principal ports from which ships arrive	Abidjan Amuay Bay Amsterdam Antwerp Auckland Baltic Ports Baltimore Bergen Bermuda	Bilbao Bremen Bremerhaven Buenos Aires Casablanca Capetown Cherbourg Dakar Durban	Famagusta Gdansk Gdynia Guernsey Gulf Ports Haifa Halifax Hamburg Jersey Kingston Kuwait La Guaira Las Palmas Le Havre Madeira Melbourne Mena al Ahmadi Mersa el Brega Montreal New York Norfolk Portsmouth Pt. Elizabeth Pt. Antonia Ras Tanura Rotterdam Rouen Rio de Janeiro Singapore Suva St. Helena Sydney Tangier Teneriffe Trinidad Wellington

Section IV—Inland Barge Traffic

Not applicable to this Port.

Section V—Water Supply

1. Source of Supply for:

(a) The District

The drinking water is supplied by the Southampton Corporation and is derived from wells sunk into the chalk at Otterbourne, Twyford and Timsbury. This supply is supplemented by water obtained from the River Itchen at Otterbourne.

(b) Shipping

The Southampton Corporation supplies all water for shipping requirements to the whole of the Southampton Docks managed by British Transport Docks Board, the wharves at Marchwood, Eling and Redbridge on the River Test; the wharves on the River Itchen; and the oil jetties at Fawley and Hamble in Southampton Water.

2. Reports of Tests for Contamination

Analysis of Drinking Water taken from Dock Hydrants

During the year 1 sample of drinking water was taken and submitted to the Public Health Laboratory, Southampton, for bacteriological examination; on analysis it was found to be satisfactory.

Analysis of Drinking Water supplied to the Docks

Special sampling taps are installed at the following locations within the dock area for the purpose of checking the purity of the water supply:

- (1) Port Health Office Eastern Docks
- (2) Transformer House Western Docks (East end)
- (3) Pump House Western Docks (West end)

Samples of water are taken fortnightly from each of these taps by the department of the Borough Waterworks Engineer and Manager and submitted for examination.

Analysis of Ships' Drinking Water

5 samples of drinking water taken from 3 vessels were submitted to the City Analyst for chemical examination, and were found to be satisfactory.

121 samples of drinking water taken from 38 vessels were submitted to the Public Health Laboratory Service for bacteriological examination. 4 samples were found to be below the standard of purity desirable for ships' supplies. Remedial measures were prescribed to the masters, owners or agents of the vessels concerned.

The following table shows the results of the bacteriological examination of ships' drinking water samples:

No. of vessels	No. of samples taken	No. of presumptive coliform organisms per 100 ml.			Bact. Coli Type I present	No. of samples unsatisfactory	No. of samples satisfactory
		Less than 2	3-10	More than 10			
38	121	117	2	2	3	4	117

3. Precautions Taken Against Contamination of Hydrants and Hosepipes

Hydrants used for supplying water for vessels are of the processed type built into the quayside structure, and extension to the hydrant is provided by a short stand pipe which enables the supply hosepipe to be connected above the quay level. In practice, as a precautionary measure, the stand pipe is 'flushed' on each occasion before the hosepipe is connected.

When not in use, the stand pipe is disconnected, hydrant capped and the well is then covered by a protective close-fitting plate set flush with the quayside.

Hosepipes used for connecting the hydrants to vessels are of the plastic type lined with rubber.

All stand pipes and hosepipes, when not in use, are stored in special boxes at positions throughout the Docks.

The British Transport Docks Board provides two special depots within the docks area for the maintenance of all equipment used in supplying vessels with water.

The hydrants, hosepipes, etc., and the storage and maintenance depots are inspected from time to time during the year by inspectors of the Port Health Authority.

4. Number and Sanitary Condition of Water Boats, and Power of Control by the Authority.

10 tugs, owned by the principal towing companies in the port, are equipped for supplying drinking water to vessels which do not berth at the docks or local oil jetties.

1 vessel is also operated for supplying water to yachts and other small craft moored within the Port Health District.

The suitability of these vessels for water-carrying purposes, and the sanitary condition and maintenance of the water tanks and equipment, have been found to be satisfactory.

All the vessels are maintained and controlled under commercial or private ownership.

Section VI—Public Health (Ships) Regulations, 1966

1. List of Infected Areas (Regulation 6)

Arrangements for the preparation and amendment of the list, the form of the list, the persons to whom it is supplied, and the procedure for supplying it to those persons.

Under Regulation 6, a complete list of ports and seaboards, in which a confirmed or suspected case of a quarantinable disease has occurred during the past 4 weeks, is compiled by the Port Health Authority. The information is obtained from the Weekly Epidemiological Record issued by the World Health Organisation, and is prepared on the first day of each month.

The list is forwarded in letter form to H.M. Customs and Excise for distribution to all Preventive Officers of H.M. Customs Waterguard engaged on boarding duties, and to all Inward Pilots engaged within the Port and district of Southampton.

Any amendment found necessary to the list in the interim period of the dates of issue is forwarded, in the form of a supplement, to the persons concerned.

2. Radio Messages

(a) Arrangements for sending permission by radio for ships to enter the district. (Regulation 13)

Southampton is not a radio transmitting port for the purposes of this Regulation.

(b) Arrangements for receiving messages by radio from ships and for acting thereon. (Regulation 14 (1) (a) and (2).)

Arrangements have been made for the reception (and decoding if necessary) of wireless messages sent direct to the Port Health Office and the telegraphic address of 'Portelth Southampton' has been registered by the Post Office for this purpose.

Wireless messages which are not sent direct are received through approved shipping agents who have satisfied this Authority that they possess facilities for

receiving such messages at all times of the day or night, and can undertake prompt transmission to the Port Health Office or to the duty officer, of any messages received by them relating to the state of health on board.

Upon receiving a wireless message indicating infectious disease on board, any special action required and deemed necessary by the Port Medical Officer, for the mooring or berthing of the vessel or for the detention at a Mooring Station is given as a directive to the Agents for the guidance of the Master, and the vessel is boarded by the Port Medical Officer immediately upon arrival.

3. Notifications Otherwise than by Radio (Regulation 14 (1)(b))

Arrangements for receiving notifications otherwise than by radio and for acting thereon.

The Waterguard of H.M. Customs and Excise maintain a continuous launch patrol of Southampton Water throughout the day and night, and any case of sickness coming to their notice, which has not previously been reported by the Master, is notified to the Port Health Authority.

The Calshot Signal Station and the Docks Signal Station also report any vessel observed to be displaying a signal indicating circumstances requiring the attention of the Port Medical Officer.

Upon receiving a message, the vessel is boarded by a Port Medical Officer as soon as possible at its place of anchorage, or immediately on arrival at the berth.

4. Mooring Stations (Regulation 22 to 30)

Situation of Stations, and any standing directions issued under these Regulations.

The following Mooring Stations have been established with the concurrence of the Customs and Harbour Authorities, and the consent (where necessary) of the Minister of Health.

Inner Mooring Stations

(a) For vessels bound for the British Transport Docks, Esso Petroleum Company's Jetty, or for Shell-Mex Jetty—the usual place of mooring subject to the vessel being moored at least 6 feet from the quay or jetty.

(b) For vessels bound for places in the Southampton Port Health Area other than those specified at (a) between Hythe Pier and Pilot Cutter moorings in Southampton Water.

Outer Mooring Stations

(a) For vessels not exceeding 500 feet in length—between Hamble Spit Buoy and Shell-Mex Jetty in Southampton Water.

(b) For vessels exceeding 500 feet in length—at Stokes Bay.

The anchorages within the limits of the Outer Mooring Station are the specified areas for the detention of vessels on which a case or suspected case of a quarantinable disease has been reported.

No standing directions have been issued under these Regulations.

5. Arrangements for—

(a) Hospital accommodation for infectious diseases (other than smallpox—see Section VII)

The Regional Hospital Board is responsible for the provisions of such accommodation. Beds are available for cases of infectious diseases in the Chest Hospital, Southampton, and in the event of this hospital being full, arrangements are made for patients to be accommodated in isolation hospitals situated outside the area.

(b) Surveillance and follow up of contacts

The declaration of address and notification of change of address system is in operation for contacts disembarking at the port.

The Medical Officer of Health of the district to which passengers are proceeding is informed by letter, giving necessary particulars; contacts remaining in the city are kept under observation by the Medical Officer of Health.

A similar surveillance and notification procedure is applied to any members of crew whether leaving the ship, remaining on board at Southampton, or proceeding in the vessel to another port.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.

Disinfection by formalin spray, together with the thorough cleansing of living quarters and hospital accommodation is carried out on all ships after the removal of infectious cases and infected bedding from the quarters.

Disinfection is normally carried out by the staff of the Port Health Authority, but in some instances the work is carried out by the shipping companies under the supervision of the Port Health Inspector.

Contacts and other persons requiring disinfection are taken to the Corporation Disinfecting Station, where fully equipped bathrooms are available. All infected bedding, clothing and other articles removed from ships are also dealt with at the Station by means of steam disinfectors.

Section VII—Smallpox

1. Name of Isolation Hospital to which Smallpox cases are sent from the District:
Weyhill Hospital, near Andover.
2. Arrangements for transport of such cases to that Hospital by Ambulance, giving the name of the Authority responsible for the Ambulance and the Vaccinal State of the Ambulance Crews:
The Southampton Corporation control and maintain a fleet of Ambulances at the Health Centre, East Park Terrace, and the transport of smallpox cases to hospital is effected by an ambulance from that depot.
All the crews are offered vaccination annually.
3. Name of Smallpox Consultant available: Dr. Angus McGregor, Medical Officer of Health.
4. Facilities for Laboratory Diagnosis of Smallpox:
All material from smallpox or suspected smallpox cases for which laboratory diagnosis is required, is sent to the Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

Section VIII—Venereal Disease

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and the steps taken to make these facilities known to seamen.

The treatment centre in Bullar Street, Southampton, and a clinic situated in the Eastern Docks are devoted entirely to the treatment of venereal diseases, and provide all facilities for treatment for sailors under the International Convention.

The two clinics are open at the following times:

Town Clinic:	Monday to Friday	0900–1200 hours
		1700–1900 hours
Dock Clinic:	Monday to Friday	0900–1000 hours
		1600–1700 hours
	Saturday	0900–1000 hours

The Centres are under the supervision of a full-time medical officer and facilities are provided for daily treatment. The treatment centres have the full co-operation of ships' surgeons and shipping companies, who accept certificates of fitness to resume duty issued by the medical officer.

Cases of venereal disease on board vessels in the port coming to the notice of the port medical officers, are referred, in the first instance, to the centre in Bullar Street, and subsequently receive further treatment either at the centre or at the clinic situated in the docks.

In-Patient treatment is provided at the General Hospital, Southampton.

Leaflets giving particulars of the facilities available are left by the port health inspectors on board vessels visited by them, and particulars are also given to seamen making application at the Port Health Office.

Notices giving particulars about these diseases are fixed in all the public conveniences in the docks.

Section IX—Cases of Notifiable and other infectious Diseases on Ships

Table 'D'

Category	Disease	No. of cases during the year		No. of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Cerebro spinal meningitis	—	1	1
	Chickenpox	34	2	21
	Gastro enteritis	4	1	5
	German measles	3	—	2
	Glandular fever	1	—	1
	Infective hepatitis	3	5	6
	Influenza	1	—	1
	Measles	49	1	18
	Mumps	16	1	11
	Pharyngitis	1	—	1
	Pneumonia	5	3	6
	Pyrexia	8	3	11
	Tonsillitis	5	1	4
	Typhoid fever	—	1	1
	Tuberculosis	—	4	2
	Venereal Disease	—	1	1
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Chickenpox	2	—	2
	German measles	1	—	1
	Infective hepatitis	—	1	1
	Measles	2	—	2
	Mumps	1	—	1
	Venereal disease	1	—	1
Cases landed from other ships	Glandular fever	—	1	1
	Measles	—	1	1

Section X—Observations on the Occurrence of Malaria in Ships

There was no report of any case infected during the voyage on any ship arriving in the port.

Section XI—Measures Taken Against Ships Infected with or Suspected for Plague

No ship arrived on which plague or suspected plague was reported during the voyage.

Section XII—Measures Against Rodents in Ships from Foreign Ports

1. Procedure for inspection of Ships for Rats:

A number of vessels for which Southampton is the terminal port for passenger disembarkation and discharge of cargo, are regularly inspected every six months for the renewal of the Form Port II Certificate. Routine inspections are also carried out by the port health inspectors during the interim period of the granting of such Certificates to these vessels.

Where practicable, routine inspections for evidence of rat infestation are made by the port health inspectors and rodent operative on all other vessels arriving at the port, and in special circumstances daily inspections of ships' holds are carried out during the period of the discharge of cargoes.

2. Arrangements for the Bacteriological or Pathological examination of rodents with special reference to Rodent Plague, including the number of rodents sent for examination during the year:

A proportion of rats caught on vessels, and all rats found dead from causes not apparent, are submitted to the Public Health Laboratory in Southampton for examination. 2 rats were sent to the laboratory.

3. Arrangements in the District for Deratting Ships, the methods used, and, if done by a commercial contractor, the name of the contractor:

Where methods of trapping or poisoning are considered adequate, shipping companies employ professional contractors for this work.

In other cases of rat infestations, the deratting of ships is carried out by fumigation contractors using cyanide gas or methyl bromide.

The following commercial contractors are available for such purposes:

Rentokil Laboratories Ltd., 112 Victoria Dock Road, London, E.16

The London Fumigation Co. Ltd., 7 Morocco Street, London, S.E.1

Contra-Pest Services Ltd., 2 Ranelagh Road, London, E.6.

4. Progress in the Rat-Proofing of Ships:

Schedules of work are served on shipping companies in all cases where it is found necessary to correct or protect rat harbourages or runs in vessels requiring Deratting Exemption Certificates.

Table 'E'

Rodents destroyed during the year in ships from Foreign Ports:

Category	Number
Black rats	3
Brown rats	—
Species not known	—
Sent for examination	2
Infected with plague	Nil

Table 'F'

Deratting Certificates and Deratting Exemption Certificates issued during the year for Ships from Foreign Ports

After fumigation with		No. of Deratting Certificates issued			Number of Deratting Exemption Certificates issued	Total Certificates issued
		After Trapping	After Poisoning	Total		
H.C.N.	Other fumigants					
1	1 (Methyl Bromide)	—	—	2	225	227

Section XIII—Inspection of Ships for Nuisances

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Table 'G'

Inspections and Notices

Nature and number of inspections	Notices served		Results of serving notices
	Statutory notices	Other notices	
Structural defects through wear and tear Dirt, vermin and other conditions prejudicial to health	—	189	111
TOTAL: 189 ships	—	189	111

Section XIV—Public Health (Shell-Fish) Regulations, 1934 and 1948

Information respecting any shell-fish beds or layings within the jurisdiction of the Authority stating whether they are, in the opinion of the Medical Officer of Health, liable to pollution. A report of any action taken, which should state whether any prohibited area has been prescribed, should be included.

There are natural shell-fish beds within the jurisdiction of the Authority which are, in the opinion of the Medical Officer of Health, liable to pollution.

The Southampton Shell-Fish Order, 1953, made under the above Regulations prohibits the collection for sale for human consumption of cockles, winkles, mussels, butterfish, or whelks taken from that part of the area over which the Port Sanitary Authority extends by virtue of the Port Sanitary Order, 1935 north of a straight line drawn from Stone Point on the west boundary to Hill Head on the east boundary of such area.

Clams were not covered by the Council's existing Shell-Fish Order of 1953.

The Southampton Shell-Fish Order, 1965, made under the above Regulations prohibits the distribution for sale for human consumption of clams taken from the prescribed area of Southampton Water unless such clams have been relaid or sterilised by an approved process.

Since this Order became effective, authority has been given to three applicants to harvest clams subject to relaying, at an approved site, for a period of twenty-one days. In each case the relaying is in an area outside the jurisdiction of this Authority. Approval has only been granted after consultation with the appropriate local authority concerned.

Copies of the Orders are posted at various points during the year and the prohibitions are also brought to the notice of the public by the insertions of orders in the local press.

Observations have been made from time to time during the year by officers of this Authority. No infringements of the Orders have been noted.

Section XV—Medical Inspection of Aliens

1. List of Medical Inspectors of Aliens holding Warrants of Appointment:

Dr. Angus McGregor	Dr. Bethan Davies
Dr. W. P. Cargill	Dr. A. C. Franks
Dr. H. D. Rossiter	Dr. W. M. Skinner
Dr. R. H. Hunt	Dr. W. J. G. Hughes
Dr. J. Russell	Dr. M. A. Gilbert
Dr. Jeannette Morrison	Dr. G. O. Percival
Dr. Catherine Atkins	

2. List of Other Staff engaged on this work:
Nil.

3. Organisation of Work:

The medical inspection of aliens is carried out on all vessels at the time of arrival and before the passengers are disembarked.

4. Nature and Amount of Aliens Traffic:
See table attached.

5. Accommodation for Medical Inspection and Examination:

On all vessels, the doctor's office or hospital and other suitable accommodation is used for detailed examination.

If female passengers have to be examined, the ship's doctor or purser of the vessel provides a nurse or stewardess to assist.

Section XVI—Miscellaneous

Arrangements for the burial on shore of persons who have died on board ship from infectious disease:

Arrangements are made on application to the Superintendent of the Cemeteries and the Crematorium situated within the City of Southampton and maintained by the Corporation.

Nature and Amount of Aliens Traffic

	Total	Number subjected to detailed inspection	Certificates issued					C
			A	B (1)	(a)	(b)	(c)	
			Unsound mind or mentally defective	Undesir- able for medical reasons	Inability to support medical treatment	Likely to require medical treatment	Inability to support and likely to require medical treatment	Condi- tionally landed for further medical treatment
1. Total number of aliens arriving in the port	116,957	1,992	-	1	2	20	-	2
2. Aliens refused permission to land by the Immigration Officer	7	7	1	4	-	2	-	-
TOTAL ...	116,964	1,999	1	5	2	22	-	2

Two Certificates (A & B1) issued in respect of Alien Seamen. Both refused leave to land.

Southampton Airport 2,940 - - - -

Medical Inspection of Commonwealth Citizens

1. List of Medical Inspectors of Commonwealth Citizens holding Warrants of Appointment:

Dr. Angus McGregor	Dr. Bethan Davies
Dr. W. P. Cargill	Dr. A. C. Franks
Dr. H. D. Rossiter	Dr. W. M. Skinner
Dr. R. H. Hunt	Dr. W. J. G. Hughes
Dr. J. Russell	Dr. M. A. Gilbert
Dr. Jeannette Morrison	Dr. G. O. Percival
Dr. Catherine Atkins	

2. List of Other Staff engaged on this Work: Nil.

3. Organisation of Work:

The medical inspection of Commonwealth citizens is carried out on all vessels at the time of arrival and before passengers are disembarked.

4. Nature and Amount of Commonwealth Immigrant Traffic: Table attached.

5. Accommodation for Medical Inspection and Examination:

On all vessels, the doctor's office or hospital and other suitable accommodation is used for detailed examination.

If female passengers have to be examined, the ship's doctor or purser of the vessel provides a nurse or stewardess to assist.

Commonwealth Immigrant Act, 1962

Medical Examinations

Total number of arriving Commonwealth citizens subject to control under the Act	Total number of Commonwealth citizens medically examined	Nature of report or certificate			Number of Commonwealth citizens refused entry
		A Suffering from mental disorder	B(1) Un-desirable for medical reasons	B(2) Likely to require major medical treatment	
22,310	2,143	1	-	17	-

One certificate B(1) issued for Commonwealth crew member. Refused entry.

Southampton Airport

50

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Infectious and Other Diseases

Table showing the number of cases reported on vessels arriving in the Port of Southampton:

Disease	Total cases reported	How dealt with					
		Removed to hospitals or nursing homes	Landed at other ports before arriving at Southampton	Proceeded in vessels to other ports	Landed at Southampton but did not proceed to hospital	Died at Sea	Recovered on arrival
Abscesses	4	3	—	—	1	—	—
Asthma	5	1	—	—	4	—	—
Accidents	47	35	—	—	10	2	—
Appendicitis	12	6	1	2	2	—	1
Bronchitis	15	5	—	2	6	—	2
Cancer	8	4	—	—	2	2	—
Cerebral-haemorrhage	5	1	—	—	—	4	—
Cerebro-spinal meningitis	1	1	—	—	—	—	—
Chickenpox	61	4	2	6	32	—	17
Dermatitis	1	—	—	1	—	—	—
Diarrhoea	16	5	—	8	2	—	1
Coronary thrombosis	18	7	—	—	—	11	—
Gastro-enteritis	28	3	—	—	2	—	23
German measles	16	—	1	—	3	—	12
Glandular fever	2	1	—	—	1	—	—
Heart diseases	76	28	—	1	10	37	—
Influenza	3	—	—	1	1	—	1
Infective hepatitis	13	2	1	—	7	—	3
Measles	80	8	2	—	43	—	27
Mumps	37	1	1	2	16	—	17
Mental disorders	13	6	—	1	6	—	—
Pleurisy	3	—	—	1	—	—	2
Pharyngitis	3	1	—	2	—	—	—
Pneumonia	12	7	—	—	1	4	—
Pyrexia	13	10	—	1	1	—	1
Scabies	1	—	—	—	—	—	1
Scarlet fever	3	—	—	—	—	—	3
Tonsillitis	8	4	—	1	2	—	1
Typhoid or Paratyphoid fevers	1	1	—	—	—	—	—
Venereal diseases	3	—	1	1	1	—	—
Ulcers	11	8	—	1	1	—	1
Other diseases	102	57	—	8	25	9	3
TOTAL ...	621	209	9	39	179	69	116

Southampton Airport

This airport was formally designated a Customs Airport in March, 1962. The Borough Council had, in 1961, agreed to act as responsible authority under the Public Health (Aircraft) Regulations. During the year, the services operating required the attendance of a medical officer on one occasion.

Dangerous Drugs

Seven Certificates were issued under the Dangerous Drugs Regulations, 1923.

Medical Arrangements for Long-Stay Immigrants

The arrangements made at the request of the Minister of Health in a circular letter dated 4th January, 1965, continued during the year.

2,809 immigrants and dependants were notified by this Authority to Medical Officers of Health for districts throughout the United Kingdom.

The Public Health (Ships) Regulations, 1966

International Certificates of Vaccination against Smallpox

The enforcement of these regulations has been applied to ships arriving within 14 days from any port in Asia, Africa and the Americas (excluding Canada and the United States of America).

The names and addresses of all persons who arrive on such vessels and who cannot produce a valid certificate are notified to the medical officer of health of the district to which they state they are proceeding.

1,169 notifications were sent during 1970.

Tracing of Contacts of Tuberculosis Among Merchant Seamen

The following notifications were sent to the Local Federation Medical Officer for follow-up:

Contacts of tuberculosis among crew on vessels arriving:

Deck department	...	...	...	...	...	...	27
(contacts of 2 cases notified).							

Enquiries are made on all vessels boarded in the port, and masters and surgeons have been most co-operative in this matter.

Prevention of Damage by Pests Act, 1949

Part I of the Act requires the Port Health Authority to secure as far as is practicable that their district is kept free from rats and mice, and require the owner or occupier of any land to take steps for the destruction of the rats and mice.

The work of rodent control on the docks is undertaken by a firm of private contractors, who work in close liaison with the Port Health Authority. The port health rodent officer makes regular and routine inspections of the dockside premises with the help and advice of the port health inspectors when necessary.

92 inspections were made of dockside premises. Any evidence of rodents was reported to the contracting company who immediately gave the necessary attention.

The Prevention of Damage by Pests (Application to Shipping) Order, 1951, requires a local Authority to secure as far as practicable that any vessel in the district which is not a sea-going ship is kept free from rats and mice.

65 Rodent Control Certificates were issued to such ships. The certificates are valid for four months from the date of issue.

Clean Air Act, 1956

Section I of the Clean Air Act, 1956, as applied by Section 20 of that Act, makes it an offence to emit dark smoke from the chimney (funnel) of a vessel for periods longer than those specified under The Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958, which became operative 1st June, 1958.

In enforcing the Regulations, the Port Health Authority's printed instructions on "Smoke Control" are given to the Masters of arriving vessels and every endeavour is made by the Port Health Inspectors to observe vessels whilst in Port.

It was found necessary to warn the Masters of 36 British vessels and 19 vessels of other nationalities in regard to the emission of dark or black smoke. 45 of the offences were attributed to faulty or negligent firing of furnaces whilst the vessels were in port and 10 were caused by mechanical defects.

One of the smoke emissions was of a serious nature and legal action was proposed.

The Food Hygiene (General) Regulations, 1960

The Regulations in their application to 'home-going ships' came into operation 1st November, 1961.

Six vessels were inspected by the Authority.

Hygiene of Crew Spaces

Routine inspections of crew spaces have been carried out. Nuisances, together with structural defects caused by wear and tear, defects of original construction and other matters considered prejudicial to health have been dealt with as under:

Verbal notices to abate nuisances ... 189

Sanitary Inspection of Vessels and Classification of Defects

Nationality of vessel	No. of sanitary inspections	No. of vessels on which defects were found	Classification of Defects		
			Defects of original construction	Structural defects through wear and tear	Dirt, vermin and other conditions prejudicial to health
British	847	105	—	37	160
Foreign	936	84	—	15	148
TOTAL	1,783	189	—	52	308

The following table gives details of defects, nuisances and other conditions prejudicial to health found in vessels, and the number which were remedied:

Nature of complaint						Defects Found	Remedied
Accumulation of dirt, refuse, etc.	...	...	...	...	...	19	13
Alleyways—							
Leaky steampipe	...	...	...	...	...	1	—
Dirty condition	...	...	...	...	...	5	2
Defective deck	...	...	...	...	...	3	2
Crews quarters—							
Broken deck or tiles	...	...	...	...	...	1	—
Dirty condition	...	...	...	...	...	11	9
Flooded	...	...	...	...	...	1	1
Defective drinking water fountain	...	...	...	...	...	1	—
Defective door	...	...	...	...	...	1	1
Companion way—Broken rung	...	...	...	...	...	1	—
Deckheads—Leaky or defective	...	...	...	...	...	2	1
Galleys, Pantries, etc.—							
Defective air conditioning	...	...	...	...	...	1	—
Defective insulation	...	...	...	...	...	1	—

Stove, dirty or defective	...	...	...	...	4	2
Dirty condition	...	...	...	...	43	21
Dirty or defective equipment	...	...	...	...	29	12
Broken deck, tiles missing, etc.	...	...	...	...	17	8
Defective drawer	...	...	...	...	1	—
Choked scuppers	...	...	...	...	9	7
Bulkhead damaged	...	...	...	...	1	—
Holds—						
Dirty condition	...	...	...	...	4	3
Smell nuisance	...	...	...	...	1	1
Infestations—						
Galleys, Pantries, etc.—Cockroaches	...	...	...	...	67	35
Crews quarters—Flies	...	...	...	...	1	1
Cockroaches	...	...	...	...	25	13
Mice	...	...	...	...	1	1
Rats	...	...	...	...	1	1
Provision stores—Cockroaches	...	...	...	...	19	7
Weevils	...	...	...	...	3	2
Rats	...	...	...	...	1	1
Working alleyway—Cockroaches	...	...	...	...	2	2
Poop space—Rats	...	...	...	...	1	1
Passenger accommodation—Cockroaches	...	...	...	...	1	1
Holds—Rats	...	...	...	...	3	3
Mice	...	...	...	...	1	1
Portlights—Leaking	...	...	...	...	1	—
Provision Storerooms—						
Food stored on deck	...	...	...	...	4	3
Rotting vegetables, flour, etc.	...	...	...	...	2	1
Dirty condition and equipment	...	...	...	...	24	15
Food locker defective	...	...	...	...	1	—
Passenger accommodation—Dirty food container	...	...	...	...	1	1
Refrigerator—						
Defective insulation	...	...	...	...	1	1
Broken door handle	...	...	...	...	1	1
Defective motor	...	...	...	...	1	1
Dirty or defective ..	...	...	...	...	4	3
Ventilation—Defective	...	...	...	...	1	1
Washplaces—						
Choked wastepipe	...	...	...	...	2	2
Washbasins, dirty condition	...	...	...	...	5	4
Washbasin defective	...	...	...	...	4	2
Defective deck	...	...	...	...	2	1
Water heater—Defective	...	...	...	...	1	—
W.Cs.—						
Dirty and insanitary condition	...	...	...	...	5	5
Choked	...	...	...	...	5	5
Defective flush	...	...	...	...	4	2
Choked scuppers	...	...	...	...	6	5
Washhand basin—broken	...	...	...	...	1	—
Door missing	...	...	...	...	1	1
					TOTAL	...
					360	206
					(On 189	(On 111
					vessels)	vessels)

Passenger and Crew Traffic dealt with by the Authority

The number of passengers arriving at the port from foreign ports was 614,635 and from coastwise 98; the number of crew arriving from foreign ports was 286,060 and from coastwise 12,837.

556,839 passengers landed from 1,766 vessels in Southampton Docks; in addition 59 passengers landed from 4 vessels in Southampton Water and 1,154 passengers landed from 9 vessels in Cowes Roads.

Oil Tankers

3,481 oil tankers arrived in the Authority's area to discharge or load fuel oil or spirit at the oil jetties at Fawley and Hamble.

Number of vessels visited, including re-visits, with percentage of defects

Vessels from foreign	Vessels from coastwise	Total	Number found defective	Percentage defective
3,718	629	4,347	189	5.75

Diseases of Animals Act

The Port Health Authority commenced administering the Diseases of Animals Act in the port on the 1st April, 1970. The bulk of the work has been concerned with the Animals (Sea Transport) Orders, Transit of Calves Order, the Importation of Dogs and Cats Order, the Importation of Exotic Animals Order, the Importation of Hay and Straw Order, the Poultry and Hatching Eggs (Importation) Order.

During the ensuing nine months the following livestock was imported or exported through the port of Southampton and were dealt with by the port health inspectors

Pigeons	...	...	...	...	139,587
Calves	...	...	...	...	6,002
Pigs	...	...	...	...	5,959
Cattle	...	...	...	...	81
Horses and ponies	...	...	...	...	250
Chickens	...	...	...	...	16
Goats	...	...	...	...	4
Monkeys	...	...	...	...	2
Dogs	...	...	...	...	94
Cats	...	...	...	...	16

The 16 chickens were refused entry under the Poultry and Hatching Eggs (Importation) Order and were exported on the ship that brought them in.

One brown mongrel dog was refused entry under the Importation of Dogs and Cats Order and exported on the ship that brought it in.

One long-haired dachshund was landed without a licence and was removed, at the owner's expense, by a licensed carrier to quarantine kennels. As there appeared to be no deliberate intention to contravene the Order no action was taken against the owner.

One cat and one monkey illegally entered were humanely destroyed by a veterinary surgeon.

Several ships carrying animals were found to be without a humane killer on board. The masters were requested to provide this.

Quantities of prohibited hay and straw were brought into the country, mostly as litter. This was either burned or shipped out for dumping at sea.

The following vessels arrived in the port with animals in transit or carried as ships pets.

Total vessels involved	Animals carried				
	Dogs	Cats	Monkey	Donkey	Squirrel
87	195	51	1	1	1

All these vessels were boarded by the port health inspectors and the adequate securing of the animals was investigated and any necessary instructions given to the master.

FOOD INSPECTION IN THE PORT

The Food and Drugs Act, 1955 and Regulations made thereunder The Imported Food Regulations, 1968

During the year the following Regulations affecting imported foods were introduced:

The Colouring Matter in Food (Amendment) Regulations, 1970
The Emulsifiers and Stabilisers in Food (Amendment) Regulations, 1970.
The Food Hygiene (General) Regulations, 1970.

The following were the principal food imports:

Cereals (including flour)	...	...	...	...	168,670 tons
Fruit & Vegetables (including canned)	...	...	...	...	353,994 „
Dairy Products	...	...	...	...	28,631 „
Molasses and Sugar	...	...	...	...	772 „
Fish (including canned)	...	...	...	...	1,675 „
Other foodstuffs	...	...	...	...	95,479 „
TOTAL					649,171 tons

Results of food inspection

The total amount of foodstuffs found to be unfit for human consumption during 1970 was:

	tons	cwts.	qrs.	lbs.	ozs.
	98	4	3	26	4 (unfit foodstuffs)
	36	7	3	15	0 (voluntarily surrendered)
Total	134	12	3	13	4

All commodities were surrendered to the Port Health Authority for destruction by burning or controlled tipping or were disposed of for purposes other than human consumption.

Sampling of Imported Foodstuffs

232 samples were submitted to the Public Analyst. The following were found to be unsatisfactory:

1 sample Russian dressing	}	Samples contained calcium sodium ethylenediamine tetracetate dihydrate. A non-permitted preservative. Goods exported.
1 sample Tartar sauce		
1 sample Garlic dressing		
1 sample Italian dressing		

1 sample seafood cocktail sauce	Sample contained sodium benzoate. Not permitted as a preservative in sauces. Goods exported.
1 sample tomato juice	Sample deficient in Vitamin C.
1 sample milk	Sample showed only 2% milk fat. The minimum required by the Sale of Milk Regulations in this country is 3% milk fat. Milk consignment voluntarily surrendered and destroyed.
1 sample Japanese chicken curry	Deficient in chicken meat.
1 sample South African glaze fruits	Contravention of Labelling of Food Order, 1953.
1 mutton cloth	Paint splashed on cloth showed 400 ppm lead.
1 sample Japanese cuttle fish	Sample contained Benzoic Acid 120 ppm.
1 sample Japanese wheat cakes	Sample contained Benzoic Acid 210 ppm.
1 sample Japanese fish cakes	Sample contained Benzoic Acid 200 ppm.
1 sample prepared soya bean	Sample contained Sorbic Acid 160 ppm.

136 Samples were submitted to the Public Health Laboratory.

The following reports were received:

2 samples skimmed milk powder	Scanty growth of <i>Cl welchii</i> .
1 sample South African boneless beef	Growth of <i>Salm. typhimurium</i> .
3 samples South African boneless beef	Growth of <i>Salm. sp.</i> Further report to follow.
1 sample skimmed milk powder	Scanty growth aerobic sporing bacilli.
1 sample chicken spice	Scanty growth of coliform bacilli.
1 sample South African boneless beef	Growth of <i>Salm. typhimurium</i> .
1 sample South African boneless beef	Growth of <i>Salm. anatum</i> .
4 samples Italian pasta	Scanty growth of <i>Cl welchii</i> .
1 sample South African boneless beef	Growth of <i>Salm. gaminara</i> and <i>Salm. anatum</i> .
1 sample South African beef chops	Growth of <i>Salm. kaapstad</i> .
1 sample South African beef chucks	Growth of <i>Salm. sp.</i> 18m t 1.5 not yet named.
1 sample South African boneless beef	Yielded cultures of <i>Salm. eastbourne</i> .
1 sample sausages	Cultures of outside skin yielded heavy growths of mixed fungi (which included <i>Penicillium sp</i> and <i>Saccharomyces. sp</i>).
1 sample milk powder	Yielded scanty growth of <i>Staph. aureus</i> .
1 sample South African boneless beef	Cultures yielded scanty growth of <i>Salmonella newport</i> .
1 sample Chinese frozen rabbit	Yielded scanty growth of Haemolytic <i>Cl welchii</i> and a scanty growth of coliform bacilli.
1 sample Italian egg noodles	Scanty growth Haemolytic <i>Cl welchii</i> and <i>Staph. aureus</i> .
1 sample American shrimps	Scanty growth haemolytic <i>Cl welchii</i> .
1 sample Italian soup noodles	Moderate growth <i>Salmonella sp.</i>

1. The first part of the paper discusses the importance of understanding the underlying mechanisms of the observed phenomena. It highlights the need for a comprehensive approach that integrates various disciplines to address the complex nature of the problem.

2. The second part of the paper focuses on the methodology used in the study. It describes the experimental setup, the data collection process, and the statistical analysis techniques employed to interpret the results.

3. The third part of the paper presents the results of the study. It shows that the proposed model accurately predicts the observed behavior, providing strong evidence for its validity.

4. The fourth part of the paper discusses the implications of the findings. It suggests that the results have significant implications for the field and may lead to new discoveries and applications.

5. The fifth part of the paper concludes the study and provides a summary of the key findings. It also outlines the limitations of the study and suggests directions for future research.

PERSONAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

IMMUNISATION AND VACCINATION

HEALTH VISITING

DENTAL SERVICE

MIDWIFERY SERVICE

CHIROPODY SERVICE

HOME NURSING SERVICE

HEALTH EDUCATION

MENTAL HEALTH SERVICES

FAMILY HEALTH SERVICE

CERVICAL CYTOLOGY

AMBULANCE SERVICE



LOCAL HEALTH SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICES ACT, 1946

Care of Mothers and Young Children

The following is a summary of the number of mothers seen at Ante-Natal and Post Natal Clinics held in Local Authority Clinics.

					Ante- Natal	Post- Natal
Hospital Clinics	...	...	...	...	3,846	515
Domiciliary Clinics	...	...	...	...	548	—
TOTAL					4,394	515

The table below shows the number of attendances of children seen at the Child Health Clinics and the number of consultations with doctors there.

Clinic					Children Attending	Consulta- tions with doctors
Central Health Clinic	...	...	...	...	2,069	744
Sydney House	...	...	...	...	2,982	597
Oatlands House	...	...	...	...	2,482	481
Swaythling	...	...	...	...	2,699	583
Bitterne Park	...	...	...	...	1,673	509
Surrey House	...	...	...	...	3,094	502
Hazeleigh Avenue	...	...	...	...	1,576	436
Thornhill	...	...	...	...	3,077	385
Millbrook	...	...	...	...	2,457	453
Harefield	...	...	...	...	1,637	473
Townhill Park	...	...	...	...	2,606	522
Chantry Hall	...	...	...	...	385	134
Sparsholt Road	...	...	...	...	1,882	94
					28,619	5,913

Births

The table below shows the actual number of births in the Authority's area during 1970 as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act 1936, adjusted by any notifications transferred in or out of the area.

	Live Births	Still Births	Total Births
Domiciliary ...	528	—	528
Institutional ...	2,844	52	2,896
TOTAL ...	3,372	52	3,424

Supply of Welfare Foods

During 1970, twelve Health Clinics continued the sale of Welfare Foods together with a voluntary centre in a shop. One voluntary centre ceased sales in 1970.

The table below provides a comparison between the total issues of National Welfare foods for the years 1969 and 1970.

	1969	1970
National Dried Milk	24,400 packets	21,607 packets
Cod Liver Oil	2,129 bottles	1,662 bottles
Vitamin A & D tablets	3,451 packets	3,362 packets
Orange Juice	30,571 bottles	30,498 bottles

Vaccination and Immunisation

The numbers of children covered by vaccination against infections continued to rise slightly during 1970 and at two years of age, over 80% children are protected against whooping cough, diphtheria, tetanus and polio and 60% against smallpox.

The tables below show details of inoculations:

Table 1—Completed primary Courses – Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1970	1969	1968	1967	1963-1966		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	3	1,695	618	27	12	1	2,356
3. Diphtheria/Pertussis ...	—	—	—	—	1	—	1
4. Diphtheria/Tetanus ...	—	14	13	10	108	12	157
5. Diphtheria ...	—	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	1	—	13	76	90
8. Salk ...	—	—	—	—	—	—	—
9. Sabin ...	4	1,709	633	40	121	18	2,525
10. Measles ...	2	1,390	1,003	149	332	60	2,936
11. Rubella ...	—	—	—	—	—	25	26
12. Lines 1+2+3+4+5 (Diphtheria) ...	3	1,709	631	37	121	13	2,514
13. Lines 1+2+3+6 (W. Cough) ...	3	1,695	618	27	13	1	2,357
14. Lines 1+2+4+7 (Tetanus) ...	3	1,709	632	37	133	89	2,603
15. Lines 1+8+9 (Polio) ...	4	1,709	633	40	121	18	2,525

Vaccination against Yellow Fever

An internationally approved clinic is held at the Central Health Clinic and during 1970 a total of 1,966 persons was vaccinated against Yellow Fever.

COMMUNITY NURSING SERVICE

Principal Nursing Officer, Miss M. J. FOULDS

The Principal Nursing Officer was appointed on 1st May, 1970 in order that the three nursing services, health visiting, home nursing and domiciliary midwifery should be integrated and co-ordinated into one service thereby ensuring more efficient use of the resources available and a unified policy with regard to the nursing services.

Weekly meetings of the Nursing Officers, the Principal Nursing Officer, Superintendent Health Visitor, Superintendent Home Nursing, and the Supervisor of Midwives have been held and office accommodation has been provided for all the Nursing Officers on the first floor of the Central Health Clinic. Preparations were made by the Home Nursing section for the move from 1 Archers Road to Central Health Clinic which eventually took place on 1st January, 1971.

Although effective liaison exists between all three nursing sections and the Southampton Group Hospitals, closer communication is essential with the coming of a unified health service. In order to give greater understanding of community services, a symposium on Community Care was held on 4th December, 1970, in the Civic Centre. Papers were read by the Medical Officer of Health, the Principal Nursing Officer, the Superintendent Health Visitor, the Superintendent Home Nursing, the Supervisor of Midwives, the Home Help Organiser, the Principal Welfare Services Officer, the Chief Public Health Inspector and the Health Education Officer. The symposium was attended by the Chief Nursing Officer for the Southampton Group of Hospitals, Miss Sheila Quinn, and 30 of the Principal and Senior nursing officers of the Southampton Group Hospitals. This symposium was followed up by visits to the Community Nursing Service by the Hospitals' Nursing Officers.

The Nursing Officers attend meetings with the Senior Nursing Officers of Southampton Group Hospitals and the Principal Nursing Officer and the Superintendent Health Visitor are members of the Group's Nurse Education Advisory Committee.

Community Nursing Service experience has been given to student nurses from Southampton Group Hospitals and Knowle Hospital.

Southampton is one of the very few authorities with a 100% general practitioner/community nursing service attachment scheme. This scheme enables more effective communication between the general practitioner and the nurse concerned and also makes possible a team approach by the Health Visitor, Home Nurse and Midwife to family and patient care.

The integration of the Community Nursing Service, the co-ordination of the Community Nursing Service with the hospital service and attachment of Community Nursing Service staff to general practitioners improves communication and gives a greater understanding of professional roles thus providing a more efficient service to our families and patients.

HEALTH VISITING

Superintendent Health Visitor, MISS EDNA CLARKE

Further decentralisation of health visitors has taken place and all health visitors are now based at clinic premises nearest to the group practice to which they are attached. In addition two health visitors have their office in a general practice group premises and the daily contact of general practitioner and health visitor has proved successful in further establishing good professional relationships to the advantage of the families in their care.

A high standard has been maintained in programmes of health education. Talks have been given to schools, mothercraft classes, mothers clubs, student and pupil nurses and various voluntary organisations.

Recruitment of student health visitors was again good. All of the students sponsored in the academic year 1969-1970 successfully qualified.

Recruitment of health visitors improved but it remained difficult to fill the establishment thereby putting a heavy strain on those in post.

Day Nurseries

There remains a high demand for places, particularly for children from one-parent families. Priority for admission is given to children from this group and from homes where mother is ill.

The children are now divided into small 'family' groups for all their activities and meals, each group having one nursery nurse as their mother figure to whom they can relate. This has produced a more home-like environment with a marked improvement in the children's ability to socialise.

Nurseries and Child Minders Regulations

All daily minders of children and private day nurseries must be registered with the local Authority. The premises are inspected and the number of children permitted to attend is stated. Two part-time health visitors are responsible for the day to day visiting and inspection.

37 nurseries catering for	...	...	...	1,048 children
89 child minders	...	...	...	322 children
TOTAL				1,370 children

Three morning nursery groups are operating in three clinic premises, Sparsholt, Central Health Clinic and Harefield, which opened in 1970.

Mothers Clubs

These are held in clinic premises and are self supporting. Much interest is maintained and the programmes are varied and educational.

Registration of Private Nursing Homes

No new Nursing Homes were opened in 1970 and none closed. There was, however, a change of ownership involving one Nursing Home. At the end of the year there were six homes registered for a total of 97 beds.

Congenital Malformations

Congenital malformations observable at birth are notified on the Notification of Birth form.

During the year there was an increase in the number of malformations reported, 57 in 1969 and 78 in 1970. The sources of the notifications being:

Domiciliary cases	...	...	...	10
Hospital cases	...	...	...	68

The most common malformations noted were:

Talipes	...	...	...	...	13
Congenital dislocation of hip	...	...	...	...	9
Spina Bifida	...	...	...	...	7
Hair Lip and Cleft Palate	...	...	...	...	6
Anencephalus	...	...	...	...	5
Hydrocephalus	...	...	...	...	5

The names of children under two years found to have a congenital malformation are included in an Observation Register. At the age of two years they are reviewed and if they are still handicapped, their names are transferred to the Register of Handicapped Children.

'At Risk' Register

The Notification of Birth Form also makes provision for the recording of any factor which places the child at special risk. The computer record is used to send notification to the health visitor to test the child's hearing.

HOME NURSING

Superintendent Home Nursing: MISS ISABEL AMES

The work load has rapidly increased during the past year and each week sees a rise in the number of early discharges from hospital.

In August, 1970 there were so many very ill patients being cared for at home, that a pilot scheme for a twenty-four hour service was started, two district sisters being employed from 9.00 p.m.—7.30 a.m. to give nursing care and supervise the care being given by night attendants. This scheme has been most satisfactory and is much appreciated by relatives. The night sister visits several times during the night and can be likened to the night sister in hospital doing ward rounds.

The number of elderly persons requiring baths continues to rise and last year 11,382 baths were given, the demand is so great that from time to time a waiting list has to be introduced.

The table below shows the increase in service against 1969:

	1969	1970	Increase	Increase %
Number of New Patients ...	4,096	4,939	843	20%
Number of Patients Nursed ...	4,979	5,888	909	18%
Number of Domiciliary Visits ...	109,048	120,100	12,052	11%
Early Discharges from Hospital		1,200		
Night Visits		2,831		

DOMICILIARY MIDWIFERY

Supervisor of Midwives: MISS BETTY KNOX

The birth rate for Southampton shows a marginal increase over 1969 and the trend towards more institutional confinements continues, although over 500 births were conducted at home.

There was a 200 drop in the domiciliary birth rate but an increase of over 200 in the G.P. unit resulted in a slightly increased case load for the domiciliary midwife.

As a result of shared care with the general practitioners of all mothers who are booked for the consultant unit, and the increase of early transfer to the community, the domiciliary midwifery service is involved closely with the care of 82% of all expectant mothers in the City.

The involvement of the Local Health Authority Domiciliary Midwifery Service with the hospital maternity services continues to expand and one can foresee further involvement as the maternity services move towards unification.

Ante-Natal Clinics

Clinics for patients booked for the consultant unit are sited in Local Authority premises and the management of the clinics was transferred to the midwifery section in October 1970, with the teaching of student midwives during this period of their training.

All midwives are attached to group practices and 70% of all ante-natal clinics are held in surgery premises.

Integrated Training for Student Midwives

The integrated Training for student midwives is now in its third year. The Community Care Programme of twelve weeks continues to provide a broad vision of the services that are available to the family and the generous co-operation of all members of the Health Services has made this programme both interesting and successful. 39 student midwives completed the integrated training and 37 were successful in gaining their S.C.M. certificate.

Assessment of Social Conditions and Planned Early Transfer

All patients who apply for a hospital bed are visited during pregnancy to assess social conditions for planned transfer to the community; 1,770 were assessed as follows:

Booked for 48 hours discharge	...	...	...	...	407
Booked full stay on medical grounds	...	...	...	...	187
Booked full stay on social grounds	...	...	...	...	852
Booked full stay on medical/social grounds	...	...	...	...	147
Booked home delivery	...	...	...	...	15
Booked for Victoria House	...	...	...	...	15
Miscarried	...	...	...	...	24
Found to be not pregnant	...	...	...	...	6
Delivered before report done	...	...	...	...	13
Moved from district	...	...	...	...	14
Not attended clinic again after midwife visited at home	...	...	...	...	3
Maternal death	...	...	...	...	1
Not yet finally assessed	...	...	...	...	86
					1,770

Health Education

The number of expectant mothers attending classes for preparation for childbirth and parentcraft has increased in 1970. Midwives also participated in Health Education programmes in schools and social groups.

Post-Natal Care

The following table shows the analysis of all cases attended post-natally by domiciliary midwives:

Domiciliary Deliveries		Victoria House G.P. Unit	Patient Transferred at 48 hours	Patient Transferred 4-7 days	Patient Transferred 8-10 days
Maternity	Midwifery				
85	443	755	468	333	558

Analysis of Domiciliary Births

Live Births	...	...	...	...	...	528
Still births	...	...	...	...	...	0
Unbooked	...	...	...	...	...	4
Number of flying squad calls	...	...	...	...	...	10
Number of forcep deliveries	...	...	...	...	...	0

Analysis of Births in Victoria House

Live Births	...	...	...	...	...	755
Stillbirths	...	...	...	...	...	0
Number of flying squad calls	...	...	...	...	...	15
Number of forcep deliveries	...	...	...	...	...	5
Number of patients transferred to unit in labour	...	...	...	...	...	107
Number of patients transferred in ante-natal period	...	...	...	...	...	364
Number of bookings	...	...	...	...	...	1,119
Number of admissions	...	...	...	...	...	1,002

Analysis of Southampton residents attended by all Midwives in the area of the Local Supervising Authority during 1970

	Domi- ciliary	Victoria House G.P. Unit	Maternity Unit	Private Maternity Homes	TOTAL
Midwives employed by Local Authority	528	755	—	—	1,283
Midwives employed by Hospital Man- agement Committee	—	—	2,047	—	2,047
Midwives engaged in private practice	—	—	—	25	25
TOTAL	528	755	2,047	25	3,355

Maternity Homes

There are two maternity homes providing 11 beds, one of which did not admit any patients during the year. There is one home for unmarried mothers providing 25 beds. General conditions are satisfactory.

Notification of Intention to Practice (Midwives Act 1951)

106 midwives notified intention to practice during 1970.

MATERNITY AND CHILD WELFARE DENTAL SERVICE

MR. ALAN EDWARDS, Principal Dental Officer

Treatment of pre-school children showed a considerable increase over that provided during the preceding year. Three times as many courses of treatment were completed.

It is our constant endeavour to emphasise the importance of early examination and treatment; to this end letters were sent to the parents of every child on or about its third birthday. Over twenty-five per cent attended as a direct result of this, an encouragingly high proportion.

The sale of proprietary vitamin syrups at Welfare Clinics was discontinued during this year. It has also been announced that vitamin C will in future be dispensed in tablet form instead of via sweetened orange juice. This is a small but welcome step towards dental health in that it sets an example of good dietary principle. Unnecessary or excessive sugar taken between meals must contribute significantly towards our high level of dental disease.

Talks with films on dental health have been given to young mothers. It is, however, largely the converted who attend. Whilst this still may be a valuable project it seems that only through effective health education at schools can the principles and benefits of dental health ultimately be spread more widely through the populace. That there is much progress to be made is well demonstrated by the attitude to fluoridation which predominates in Southampton.

MENTAL HEALTH

DR. J. B. MORRISON, Senior Medical Officer

Mr. S. Bute, Senior Mental Welfare Officer, commenced duties on the 1st April, Mr. J. Miller, Mental Welfare Officer, commenced duty on the 1st February, and Mrs. S. Miller, Mental Welfare Officer, commenced duty on 7th September, 1970.

The scheme of unification with general practitioners which was introduced on 1st August, 1969, whereby patients were allocated to Mental Welfare Officers on the basis of general practitioners lists instead of geographical areas, has maintained the improvement in communications with general practitioners and has resulted in a substantial increase in their contacts with this department.

Seven Mental Welfare Officers were employed, two of whom were engaged in work with the mentally subnormal. One of these officers, Mrs. M. B. Treadgold, retired on 31st August. The remaining five officers concentrated on work with the mentally ill and those at risk. With the increased emphasis on early social diagnosis many patients have been referred for social work support in the home situation in order to prevent psychiatric breakdown. The Mental Welfare Officers continued to work at the Mental Health Centre adjoining the Royal South Hants Hospital, each of the five officers dealing with the mentally ill being attached to a clinical team from Knowle Hospital and attending clinical conferences each week at the hospital. An increasing recognition of the Mental Welfare Officer's role in education—lay groups as well as other professional organisations—has led to a similar increase in the number of lectures given, and discussions led, by the Mental Welfare Officers. In 1969 the number of talks given was 14 and in 1970 the number increased to 39. The number of people spoken to in 1970 was 872.

The following table shows the sources from which patients were referred to the Mental Health Section:

Referred by	Mentally Ill Adults		Psychopathic		Mentally Handicapped		Severely Handicapped Mentally		TOTAL
	M	F	Children	Adults	Children	Adults	Children	Adults	
General Practitioners ...	118	146	-	-	-	-	-	-	264
Hospital in-patients ...	85	138	-	-	-	-	-	1	224
Hospital out-patients ...	40	39	-	-	-	-	-	-	79
Education Authority ...	-	-	-	-	-	1	23	2	26
Police and Courts ...	34	23	1	-	-	-	-	-	58
Other Sources ...	160	169	-	4	4	8	7	6	358
TOTALS ...	437	515	1	4	4	9	30	9	1,009

Admission to Hospital

The following admissions were arranged by the Mental Welfare Officers:

	Admission for Observa- tion Section 25	Admission for Treatment Section 26	Emergency Admission Section 29	Hospital Order Section 60	Informal Admission
Mental Illness	84	6	77	5	201
Psychopathic Dis- order	—	—	—	—	—
Subnormal and Se- verely Subnormal	—	—	—	3	10

Included in the above are a number of patients who arrived in the port from overseas. Where no relative was available to take over the responsibility of caring for the patient, or where the patient was too ill for such disposal, admission to hospital was arranged.

The hospitals for subnormals provided temporary residential care for two children and two adults.

Residential Accommodation

During the year, seven men were admitted to, and six men discharged from the hostel at Cranbury Terrace. Two were admitted to the hostel for short-term care while their families were on holiday. The highest number in residence during the year was 16. In September, the Assistant Warden commenced a one-year course at Portsmouth Polytechnic College. Successful completion of the course will lead to the award of the Certificate in Residential Social Work.

There were no admissions or discharges at the women's hostel at Chatsworth Road during the year, the hostel remaining full, but one person was admitted for short-term care to enable the parents to take a holiday.

Only two of the men resident at Cranbury Terrace hostel were regularly employed. No residents at the women's hostel were in employment. Two young women attended Sydney House Training Centre daily, and the remainder attended one half day a week. Three men attended Sydney House Training Centre from Cranbury Terrace Hostel, and all these persons were transferred to Brookside Training Industries when it opened in November.

In addition to residents in the two hostels in Southampton, two subnormal men and four women were maintained in private homes, chiefly through arrangements made by the Brighton Guardianship Society. Seven children were admitted to other homes for short periods.

Six of those in residential accommodation were under the legal guardianship of the Local Authority.

Richmond Fellowship

In 1967 the Fellowship opened Bracken Place, near Southampton, as an after-care unit for adolescent girls. Three Southampton residents were maintained at Bracken Place during the year and seven during part of the year. One patient was maintained at the Sherecroft Trust Hostel.

Training Centre

The Centre at Freemantle Common accommodates subnormal and severely subnormal persons aged five years and older. The waiting list for admission at the end of the year was ten.

Transport to the Centre was provided by three special buses, and several physically handicapped children were taken to and from the Centre daily by the Hospital Car Service or Ambulance Sitting Car. Eighteen trainees made their

own transport arrangements. The Centre was staffed on the basis of one assistant supervisor for each 15 attending. Meals were prepared on the premises by a cook and assistant, and two part-time helpers, the mid-day meal being served at two sittings. Meals at the Pear Tree Annexe, until it was closed on the 23rd October, were supplied by the School Meals Kitchen at Ludlow Road.

Social Club

The British Red Cross Society held a club at Northlands Road on one afternoon each week for patients from Knowle Hospital.

Brookside Training Industries

On the 17th November this purpose-built establishment for up to 200 trainees was officially opened by H.R.H. The Duchess of Kent. The Unit provides social training and light industrial employment for mentally subnormal adults over the age of 16 years. 91 trainees were transferred from Sydney House Training Centre and a number of other people were referred by various social work agencies in Southampton.

Brookside Training Industries is an important facility for the training of mentally subnormal adults. Its value has increased because of the decision by the Central Government to include junior training centres in the Education Department's responsibilities from 1st April, 1971. The former Training Centre will become a school and in anticipation of this change of status, its name has been changed to Ridgeway House.

The Manager at Brookside is Mr. Allen Day. His staff consists of a Social Teacher, six Instructors, three Supervisors, a clerk/typist and a cook. The meals are of the frozen variety and they are cooked on the premises. Work which has already been carried out at the Unit includes the making of over-jackets for ambulance crews, bookshelves for other local authority departments, as well as dismantling and cleaning electrical components for a local firm of electric blanket manufacturers. At the end of each week trainees are given an incentive payment for the work they have done; they are also provided with luncheon vouchers. In this way a workshop situation is created which helps to assess the suitability of trainees to be placed in open employment. For all trainees, social teaching is provided and medical inspections are carried out at regular intervals.

CERVICAL CYTOLOGY

DR. RICHARD MANCLARK

Women attend the Clinic to be reassured that they are fit. Many come worried as a result of a parent or relative dying of Cancer. In addition to the cytology test, urine is examined for the presence of sugar, and breasts are examined. Any abnormalities found are brought to the notice of the patient's own doctor.

The proportion of patients attending the clinic and found to require treatment is very small, about 1%, but the early diagnosis of abnormalities should result in more effective treatment.

Clinic attendances were:

New patients	...	...	...	...	...	...	1,351
Revisits	...	...	...	...	...	...	93

Conditions noted:

Erosion	...	...	...	...	...	...	21
Polpy	...	...	...	...	...	...	7
Inflammatory	...	...	...	...	...	...	17
Trichomonas	...	...	...	...	...	...	2
Letters to doctors and cases referred to gynaecologists	...	...	...	...	...	...	11
Diabetes	...	...	...	...	...	...	2
Breast carcinoma	...	...	...	...	...	...	1

Figures for general practitioner service for 1970:

Tests submitted	...	...	...	...	...	...	3,195
Positive cases	...	...	...	...	...	...	15

DOMICILIARY BIRTH CONTROL SERVICE

DR. DOROTHY MORGAN, Medical Officer in Charge.

Ten years have passed since the domiciliary service began in Southampton. At that time it was a pioneer service and it is gratifying that as a result of our work there are now forty domiciliary services established in the United Kingdom.

The Service has continued to expand with its two-fold aim, firstly to take the service to those in the greatest need, i.e. the hardcore problem family and secondly by extending the service to avoid problem families of the future by helping now those who are potential problem families. The numbers of the second group are continually increasing and because of the pressure of these numbers, there has been much deliberation this year on how to maintain the quality of the service by accepting new patients without neglecting the existing patients and not to increase the establishment of the service. It has been decided that as from January 1971, we will request some of our old patients with children nearer school age and living within reasonable distance of Health centres, which have regular Family Planning Clinics, to come off our books and attend their nearest clinic where they will be eligible for a free service under the 1967 Family Planning Act. It is hoped that these patients, with whom we have developed a rapport over a number of years will co-operate with this new departure from the service to date.

I would like to express the gratitude of the service to the Social Workers, in particular the Health Visitors who have over the year brought to our notice patients in need of our help, also the co-operation received from the General Practitioners in Southampton.

Appended below, figures of patients seen and methods used during 1970:

Number of New Patients seen

Cap	...	...	...	...	...	...	...	4
Consultation for sterilisation	...	...	...	...	...	...	...	20
I.U.D.	...	...	...	...	...	...	...	60
Oral Contraceptive	...	...	...	...	...	...	...	80
Sheath	...	...	...	...	...	...	...	4
TOTAL								168

Number of patients seen in clinic ... 548

CHIROPODY SERVICE

1,729 persons were treated during the year, the total number of treatments being 11,297. 6,043 of these were given in clinics, 2,688 in private houses, and 2,566 in homes for the elderly. The staff at the end of the year consisted of two full-time and one part-time chiropodist, and this shortage prevented the waiting list of applications for treatment being reduced during the year.

HEALTH EDUCATION

The Health Education Service in Southampton has expanded in many fields during 1970. In the school field a much wider range of subjects was covered in support of the health teaching being undertaken by an ever-increasing number of teachers in the city. 804 talks were given in 1970 to a total audience of 18,000 people.

The Redbridge experiment to build health into education began slowly when groups of the teachers in the Redbridge neighbourhood group met experts to

discuss various health topics. The topics discussed were drug abuse; venereal disease; services for disturbed children; and the changing pattern of patient care in the community. Participating in the discussions were Dr. McGregor, Mr. Hunt, Dr. Bartlet, Dr. Warren, Dr. Morrison and Sgt. Adamson.

Lectures were also given to the final year students of La Sainte Union teacher training college on various health topics. Those lectures were successful and the programme is to be increased next year. A Course of discussions in health topics was commenced for the staff of the Technical College in Southampton also. The involvement of Health Education Service with Apprentice Schools in Industry was extended from the School of Vosper Thorneycroft to S.E.T.A. Apprentice School at Millbrook, and the scope of these talks was widened considerably.

1970 has again seen more participation in Health Education by many disciplines—Health Visitors, Home Nurses, Midwives, Public Health Inspectors, various Social Workers, Ambulance Personnel, staff of the Child Guidance Department, staff of the Dental Department, Local Authority Medical Officers, Family Doctors, Consultants and Hospital Nurses all participated. One of the most successful and exciting ventures undertaken by the department in this year has been the multi-disciplinary group discussions held on drug abuse. These were attended by Local Authority Staff, Consultants, G.P.s, Social Workers, Police, Education Staff, Hospital Staff and University Staff and were very successful indeed, not only in raising the level of information about drugs for the lecturers who led the group discussions, but also allowed information to pass from one person to another on the different facets of drug abuse that they were dealing with personally. It is only by participation in Health Education by all the people concerned with health that we can hope to improve the contribution of Health Education towards better health in the city.

AMBULANCE SERVICE

MR. G. F. HOULDSWORTH, Ambulance Officer

During the year the number of patients moved by Ambulance and the mileage covered increased as shown in the following table:

	Ambulances			Ambulance Car Service	
	Patients Carried	Mileage	Emergency Calls	Patients Carried	Mileage
1968	72,322	317,248	3,596	43,492	153,138
1969	76,340	329,997	3,957	31,815	119,403
1970	81,328	334,975	3,878	26,657	119,759

Of the 81,328 ambulance patients carried during the year, some 40,981 were by dual-purpose vehicles covering a mileage of 136,893. The Ambulance Car Service carried 5,158 less patients.

Vehicles

The fleet remained this year at 13 ambulances and 10 dual-purpose vehicles. It is hoped to equip some of the vehicles next year with 'Entinox' patient self-administered pain relieving apparatus which has proved of great value when used by neighbouring authorities.

Ambulance Car Service

The Ambulance Car Service continues to give valuable support to the service in the form of 7 full-time and 5 relief drivers Monday to Friday, and sometimes, should the need arise, Saturday. The efficiency with which the Ambulance Car Service integrates with the service itself is largely due to the continued co-operation of the volunteer drivers and the organisation by Control Officers.

Staff

The operational staff consists of four Station Officers, four Leading Drivers, thirty-six Driver/Attendants, all engaged on fully rotating shift duties and eight Sitting Car Drivers engaged on day work.

Control

In the central control, the staff look forward to the coming financial year when the control is to be extended to accommodate a system of key and lamp telephones, tape recorder monitors for '999' calls, etc. This equipment will greatly facilitate the handling of the ever increasing volume of ambulance service calls.

Ambulance Sub-Stations

The two sub-stations on the east and west of the city are being manned at peak periods. The new sub-station for the eastern side of the city remains high on the priority list. The site which has been chosen is geographically suitable because of its proximity to the A27 Ring Road which will give access to the Casualty Unit to be opened at the Southampton General Hospital in the near future.

Ambulance Training School

At the Ambulance Training School at Bishops Waltham, 16 of the operational staff attended courses of which 11 were two-week shortened courses and 5 were six-week interim courses. In addition one officer attended a two-week officers' course.

Major Disasters

A demanding part of the Ambulance Officer's role in a city is the study and research into major disaster plans. The Ambulance Officer has spent much time in liaison with other emergency services and the hospitals, airport and harbour board officials in this pursuit.

Workshops

The workshop staff consists of one Chargehand Mechanic and one Driver/Labourer. The workshops continued to operate a preventive maintenance scheme for the fleet of 26 vehicles of the Health Department.

MEDICAL EXAMINATIONS

The Department has the responsibility of assessing candidates for appointment at the request of other Corporation departments. The system introduced in 1966, whereby a comprehensive medical questionnaire was completed and a full medical examination carried out only where the need was indicated, has continued to work very satisfactorily and has saved much medical officer time. 547 questionnaires were examined and 31 full medical examinations advised. Four candidates were considered to be medically unfit.

Other examinations are requested by departments for various specific purposes. They included the following:

Early retirement medicals	...	...	...	...	24
Intending entrants to Teacher Training Colleges	...				220
Teachers	...	...	...	...	53
Fire Department—					
H.G.V. licences	...	...	...	...	24
Recruits	...	...	...	...	7
Transport Department—					
H.G.V. licences	...	...	...	...	1
P.S.V. licences	...	...	...	...	181
Waterworks—					
H.G.V. licences	...	...	...	...	1
Examinations for other authorities	...	...	...		14



SOCIAL SERVICES

WELFARE SERVICES

—RESIDENTIAL CARE

—DOMICILIARY CARE

HOME HELP

FAMILY CASEWORK

WELFARE SERVICES

MR. W. T. DORRICOTT, Principal Welfare Services Officer

In last year's report reference was made to the system of pre-paid postcards distributed to people likely to be in need of services and to various social workers, doctors, nursing staff and ministers of religion. The result of introducing this scheme has been to produce evidence of a large number of people in need who were not previously known to the Department, and it is hoped that more members of the public will avail themselves of the services available within the Department.

The year was marked by the passing of two Acts of Parliament which will have considerable effect on the welfare services; the first was the Local Authority Social Services Act which united the work of the Welfare Department, the Children's Department and that part of the work of the Health Department which includes Mental Health, Home Help, Problem Families and Day Care of Children. A Director of Social Services has been designated and the new Department will be known as the Social Services Department. The second Act was the Chronically Sick and Disabled Persons Act, the provisions of which are dealt with in more detail under the heading of Services for the Disabled. Experience during the year demonstrated that the demand for welfare services is ever on the increase and if even a reasonable service is to be provided, there must be more staff and greater assistance from voluntary organisations.

Residential Accommodation

There was no increase in the number of beds available in Old People's Homes due to the Government's restriction on new building, but there is a prospect that approval will be given in the year 1971/72 to the construction of a new 50-bedded Home in Bugle Street, and in the following year it is hoped to start the conversion of Pear Tree House into a Home for present residents of Old People's Homes who are suffering from mild mental confusion.

At the commencement of the year there were 553 beds available in the Council's Homes, including 63 beds at Allington House, Moorgreen Hospital; there were 11 residents in other Authorities' Homes and 48 in Homes run by voluntary organisations, making a total of 589 persons for whom this Council has accepted financial responsibility.

There were fewer staff changes during the year than in previous years, but it is still not easy to recruit suitable staff, particularly residential. Some of the difficulty may be due to shortage of suitable staff accommodation and the Committee is planning improvements. It is with regret that I have to report the death of Mr. Harry Plows, who had been Superintendent of Brownhill House for less than a year.

To all the staff we extend our sincere thanks for their continued care of the residents and attention to what are always difficult duties.

Short stay accommodation

Throughout the year good use was made of the beds available in the Council Homes for short stay admissions to enable caring relatives to go on holiday; for care during hospitalisation of husband or wife; and during illness or adverse domestic circumstances of those normally providing care. We have received many letters of thanks and appreciation for these arrangements, and in several cases a short stay in the Home has changed the opinion of the resident about the Homes so that they are much less reluctant to enter a Home when there is no one to give them permanent care and attention.

Temporary Accommodation

The Department continued to provide temporary accommodation in Millbrook Road and Waterloo Road for families with dependent children, or dormitory accommodation for mothers with dependent children. The accommodation was

fully occupied during the year, but through the co-operation of the Housing Department we were able to rehouse several families who had either paid off their rent arrears, or whose continued residence in temporary accommodation presented special difficulties, particularly in relation to the well-being of their children.

During the year it was possible to obtain the services of an experienced social worker, who has responsibility for the care of families in temporary accommodation and in the various hostels in the city. This work was very necessary and is producing good results. It was possible to refer some cases to the Social Rehabilitation Panel, but we look forward to the new Departmental structure when a better system of co-ordination will exist from the bringing together of the social services.

General Domiciliary Services

It was not possible to make sufficient finance available for the establishment of a Day Centre for the Elderly and, although the four centres run by voluntary organisations have continued to function throughout the year, their contribution is limited by various factors, and it is hoped that next year there will be financial provision for a Day Centre, possibly in rented premises. Day Care provision has also been included in the planning of the new Home in Bugle Street.

There has been close co-operation with the Southampton Old People's Welfare Committee and help has been forthcoming from the Committee in numerous cases where financial or other assistance was required by elderly people.

There is an Occupational Therapist employed in the Department and she has been able to devote some time to providing therapy for elderly people, both in the Council's Homes and in their own homes.

(i) Home Help Service

A close liaison between the Welfare Service and the Home Help Service has been maintained and there is a free exchange of information between officers dealing with the care of the aged and handicapped and the Home Help organisers. Further details of this service can be found elsewhere in the report.

(ii) Visiting Service

There was some extension of the visiting service made possible by an increase in staff and this officer has been able to deal with all the enquiries arising as a result of pre-paid postcards returned to the Department.

The Friends of St. John continue to visit approximately 430 people at any one time, thereby relieving loneliness, providing some services, and affording a valuable means of communication between elderly housebound citizens and the statutory services. Miss F. M. Tutte, M.B.E., organises this service and we are very grateful to her and her helpers.

(iii) Meals on Wheels

Approximately 195 meals are delivered on 4 days a week to the elderly who through frailty or illness or handicap are unable to cook their own meals, and, although the number of meals could be increased, it was not possible to find additional volunteer car owners willing to undertake the work. Mrs. I. W. Tonge, M.B.E., of the W.R.V.S., organises this service and our sincere thanks are due to her and her small group of volunteers.

Protection of Property

The Council has a duty under Section 48 of the National Assistance Act to protect movable property of any person admitted to hospital or residential accommodation where there is danger of loss or damage, and no other suitable arrangements are being made. By performance of this duty, elderly persons or persons suffering from mental illness are relieved from added anxiety by the knowledge that their personal possessions are safe during their absence.

SERVICES FOR THE BLIND

The Southampton Society for the Blind administers the voluntary fund which provides additional services including holidays for the blind and partially sighted. The Executive Committee of the Society consists of nominees from the Welfare Committee, the Blind Club, the fund raising organisations and charitable associations of the city. Messrs. Harry Hayter and John Barbour have continued to carry out the duties of Chairman and Hon. Secretary respectively; Mr. David Lloyd gave up the duties of Hon. Treasurer in October and Mr. Guy Askham took his place. The thanks of the department are due to them for their hard work and interest.

The Social Centre for the Blind is used regularly for handicraft classes on two afternoons a week, for social events in the evenings, dancing classes, and meetings of the various clubs for the blind. Teams have taken part in competitions with teams from nearby authorities, and internal competitions have been held for the various trophies. In January over 500 blind persons were provided with tea and entertainment in the Guildhall by the voluntary society.

Mr. G. Wilmot, Manager of the Odeon Cinema, Southampton, and a member of the voluntary society, again arranged for a free film show, this year 'Oliver', for the blind of Southampton and surrounding areas. Each Southampton blind person was given a present from funds collected from the patrons of the Odeon. £202 12s. 0d. was raised by the sale of seats in the circle and the proceeds of a draw. This was given to the voluntary society towards provision of holidays for the blind. Our sincere thanks are due to Mr. Wilmot and to the proprietors of the Odeon Cinema for their continued generosity and support.

Thanks are again due to the Southampton Amateur Operatic Society and other Associations which invited blind people to attend plays, recitals, concerts and stage shows, and to the many groups and individuals who provided transport and entertainment, particularly Mr. and Mrs. Mullins for conducting the dancing classes throughout the year.

The Deaf-Blind

There are 10 deaf-blind persons and a small number of these attend the "Rainbow Club" each month. This club is run on a voluntary basis and the deaf-blind from Southampton and Hampshire can attend. During the year two Sales of Work are organised, and the proceeds together with donations from kind supporters, are usually sufficient to provide the necessary funds.

Guide-Help Service

The "Guide-Help Service" provides visitors who act as companions; write letters; accompany patients on visits and social calls; take them to church or entertainments, and go on shopping expeditions. The visiting done by the helpers is invaluable because it provides companionship and help to people who would otherwise be isolated by their afflictions of deafness and blindness and could become intensely lonely. This class of handicap presents great problems as the only means of communication is by use of the manual language which has to be taught to the patient, and the results reflect great credit to the Home Teachers and helpers who have persevered in this work. Of course, there are deaf-blind people who, because of age or lack of any formal education, cannot be taught, and therefore have no means of communication.

During the winter months meetings are held at the Social Club for the Blind for deaf-blind persons and helpers and these meetings provide a useful centre for all to become acquainted with each other. This environment enables new helpers to be trained, and is also useful when additional help is required for special outings and socials.

Holidays

The group holiday at Paignton was organised in May and over 50 blind persons and their escorts enjoyed a happy week. Additional assistance was given to individual blind persons and to those who made private holiday arrangements. The cost of the holidays and transport was met from the voluntary fund.

Southampton Fund for the Blind

We have a unification of collections agreement with this organisation which is mainly concerned with fund raising on behalf of the Southampton Society for the Blind, the Royal National Institute for the Blind, the National Library for the Blind, and the Royal Normal College for the Blind. Due to their efforts, the local fund has continued to receive quarterly monetary grants, which have declined over several years but increased slightly towards the end of 1970. A substantial legacy was left to the Society during the year which has alleviated some of the financial difficulties in maintaining voluntary services.

Handicraft Classes

Two classes are held each week at the Social Centre, when instruction in basketry and other crafts is given by the Home Teachers. Attendances at each class average 56 persons, most of whom are quite elderly. The age range is, in fact, from twelve years to eighty-nine years. The value of the work produced for the year was £680 6s. 9d.

SERVICES FOR THE DISABLED

The Chronically Sick and Disabled Persons Act referred to above was the result of a Private Member's Bill in Parliament and, although much has been written about this being a Charter for the Disabled and something new in the field of care of the handicapped, it does very little more than extend the scope of the services which can be provided to persons who are registered under Section 29 of the National Assistance Act, 1948 as 'substantially or permanently handicapped by illness, injury, congenital deformity, or such other disability as may be prescribed by the Minister of Health'. The services available include instruction in methods of overcoming disabilities, provision of aids and recreational facilities, and adaptations to homes to increase accessibility and mobility of the patients. Registration is quite voluntary, but as a result of the wide publicity given to the new Act, the numbers of people registered have increased from 1,097 at the end of 1969 to 1,260 registered disabled at the end of 1970. It is inevitable that as the services become known these numbers will increase rapidly and it has been necessary to make some additional financial provision to implement the Act, although this is by no means adequate if a useful service is to be provided.

Aids and Adaptations

A wide range of aids to daily living was lent to handicapped persons, and assistance has been given in the purchase of larger items, such as electric and hand-operated hoists, and provision of ground floor toilet facilities. Co-operation has been maintained with the Department of Health and Social Security (Appliances Division) in the provision of wheelchairs and vehicles, and garages to house the latter, and with the Housing Department in connection with rehousing to more suitable premises and provision of aids. Where necessary grab rails and handrails have been provided in homes of disabled persons. The cost to the Council in 1970 of all these services was £2,396.

Occupation

The British Red Cross Society continue to run clubs for the handicapped at which handicrafts are taught, but the highlight of the year was the opening of Sembal House, a Social and Occupation Centre for the Physically Handicapped in Handel Terrace, The Polygon, Southampton. Between 50 and 60 handicapped persons are conveyed by Council transport to Sembal House each day and they are taught a wide range of crafts and engage in light assembly work or packing of commodities. The main object of the Centre is to provide some social and occupational activities for people who would otherwise be housebound, and the small financial reward which they receive is secondary to this main object. In the evenings and at week-ends the Centre is available freely to any voluntary social service organisation and it is in use for meetings and social functions on most evenings in the week.

RESIDENTIAL ACCOMMODATION

Home	Places	Admissions		Discharges		Deaths	Age Analysis			
		From Private Accdtn.	From Hospital	To Private Accdtn.	To Hospital		50-64	65-74	75-84	Over 85
Moorgreen-Allington House ...	63 Women	18	27	5	26	7	2	11	30	18
Northlands House ...	41 Men and Women	4	6	2	7	1	1	7	21	11
Pear Tree House ...	41 Women	22	8	12	16	6	1	4	18	18
The Elms ...	15 Men	2	2	-	2	-	3	8	1	3
Homelands ...	43 Men and Women	26	7	9	8	3	-	5	26	11
Brownhill House ...	43 Men and Women	15	10	-	13	5	-	12	14	13
The Cedars ...	53 Women	8	8	1	10	5	-	8	26	18
Hillfield ...	43 Men and Women	11	13	3	20	2	1	4	23	13
Archers House ...	29 Men	8	13	3	10	4	1	13	8	5
Holcroft House ...	40 Men and Women	20	14	12	18	-	1	8	15	14
Glen Lee ...	50 Men and Women	37	11	20	20	4	-	-	47	-
Birch Lawn	50 Men and Women	27	13	13	20	9	2	11	28	9
Woodside Lodge ...	42 Men and Women	25	8	19	12	2	1	4	17	19
	553 TOTALS	223	140	99	182	48	13	95	274	152

Number of residents accommodated on 31st December 1970 was 534 and the waiting list was 93 (50 men and 43 women).

Holidays

A party of 50 disabled persons and their escorts spent an enjoyable week at Westward Ho! Holiday Camp. The escorts consisted of departmental staff, police cadets, and a member of the British Red Cross Society. Such an undertaking involves hard work by the escorts, and thanks are due to all who assisted to make the holiday such a success.

In addition to this group holiday, individuals were assisted financially to take a holiday in voluntary homes or private lodgings.

TEMPORARY ACCOMMODATION

The following statistics show the number of admissions to and discharges from temporary accommodation during the year:

Dormitory Accommodation—12-14 Millbrook Road

	Women	Children
Admissions to dormitory to 31st December 1970	34	82
Discharges from dormitory to 31st December 1970	30	76

Of the 30 discharges, 18 families were transferred to Unit accommodation at Millbrook Road and Waterloo Road, 5 families were rehoused by the Housing Department, and the remainder found accommodation elsewhere.

76-76a Waterloo Road

This property provides accommodation for six small families and is in the main reserved for families who were admitted to 12-14 Millbrook Road in the first instance and who subsequently proved to be amenable to rehabilitation.

Unit Accommodation—12-14 Millbrook Road and 76-76a Waterloo Road

No. of families in Unit accommodation as at 31.12.69 ...	19	
No. of families admitted to Unit accommodation during 1970 (9 for rent arrears, all from Council housing) ...	29	{ 29 Women 18 Men 74 Children
No. of families discharged from Unit accommodation during 1970 ...	30	
No. of families in Unit accommodation as at 31.12.70 ...	18	

Of the 30 discharges, 18 were rehoused by the Housing Department.

Of the 18 families in residence on 31.12.70, all coming from Council property, 8 were admitted because of rent arrears.

AUTHORISED PRIVATE ACCOMMODATION

Fourteen Private Homes are registered under Section 37 of the National Assistance Act, 1948 and provide a total of 133 places.

BLIND PERSONS

for the year ended 31st December 1970

Showing the Distribution by Age Groups of the Blind Population

	0		1-4		5-15		16-20		21-39		40-49		50-64		65-69		70 and over		TOTALS		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Total as at 31.12.70	-	-	-	-	6	6	1	3	18	8	13	10	43	50	17	22	116	233	214	332	546

Education, Employment etc.

An analysis of the register of 534 blind persons is given below showing the education, training and employment position in two main groups, viz.: children, i.e. under 16 years, and adults, i.e. age 16 years and over

	Male	Female	Total
<i>Children</i>			
Age 2-4	-	-	-
Age 5-15 years—Educable			
Attending special schools	4	3	7
Attending other schools	1	-	1
Not at school	-	-	-
Ineducable			
(a) in Psychiatric Hospitals	1	1	2
(b) at home	-	2	2
	6	6	12
<i>Adults aged 16 and upwards</i>			
See { Employed in Sheltered Workshops	6	1	7
Table { Employed as Home Workers	3	-	3
below { Employed in open employment	12	5	17
Trainee for open employment	-	1	1
Trainee for sheltered employment	1	-	1
Unemployed but capable and available for work—			
Trained for sheltered employment	2	-	2
Trained for open employment	5	-	5
Subject to training in open employment	2	-	2
Subject to training in sheltered employment	1	-	1
Without training in open employment	1	2	3
Not available for work, aged 16-64	2	25	27
Not capable of work, aged 16-64	41	37	78
Not employed, aged over 65	132	255	387
TOTAL ...	208	326	534

Home Teaching Service

The Social Workers for the Blind paid 5,726 regular visits to all registered blind and partially-sighted persons during the year dealing with a wide range of social work problems in addition to teaching.

Analysis of the Occupations of Employed Blind Persons shown in Table above

	Sheltered Work-shops	Home Workers Scheme	Open Industry	Total
Fitters and assemblers	—	—	—	—
Basket workers	5	1	—	6
Boot repairers	—	—	1	1
Chair seaters	—	1	—	1
Clerks and typists	—	—	3	3
Machine knitters	1	—	1	2
Labourers	—	—	1	1
Piano tuners	—	1	—	1
Packers	—	—	1	1
Telephone operators	—	—	5	5
Other open employment	—	—	—	—
Brush makers	—	—	—	—
Sales representatives	—	—	—	—
Mat makers	1	—	—	1
Working proprietors, shop managers, assistants, salesmen	—	—	1	1
Machine operators (engineering)	—	—	1	1
Cleaners, caretakers, porters, domestic and canteen workers	—	—	1	1
Other workers	—	—	2	2
TOTAL ...	7	3	17	27

PARTIALLY SIGHTED PERSONS

Education

An analysis of the details of the 7 children of school age gives the following position regarding their placement in special and other schools:

	Children	
	Male	Female
Attending Ordinary Schools	1	3
Attending Special Schools for the Partially Sighted	1	—
Attending other Schools	1	—
Suitable for education at school but not receiving education	1	—

Training and Employment

(a) Seriously Handicapped

There are 160 persons near and prospectively blind who require the full range of Welfare Services, viz.:

	Male	Female
Employed	11	3
Actively seeking and capable of training for work	4	1
Others	39	102

(b) Other persons substantially handicapped in obtaining or keeping employment

2 1

(c) Not seriously handicapped

The remaining 62 adults on the register (26 men, 36 women) are not seriously handicapped either socially or industrially and require observation only.

PARTIALLY SIGHTED PERSONS

for the year ended 31st December 1970

Showing the Distribution by Age Groups of Partially Sighted Persons

	0-1		2-4		5-15		16-20		21-49		50-64		65 and over		TOTALS		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Total as at 31.12.70	-	-	1	1	4	3	3	2	17	16	17	20	46	109	88	151	239
Age at registration of newly registered persons	-	-	1	-	-	-	1	-	1	2	5	6	13	27	21	35	56

HANDICAPPED PERSONS (GENERAL CLASSES)

The number of persons registered as suffering from handicaps of a severe nature as at 31st December 1970 was 1,211.

	Male	Female	Total
Children under 16 years	11	10	21
Adults employed	76	33	109
Adults not employed	385	696	1,081
TOTAL ...	472	739	1,211

Notifications of disabled persons are received from many sources. The circumstances of each case are investigated at the earliest opportunity and placed on the main register if necessary.

General Classes—Analysis

General Classes	Total
Amputation	71
Arthritis and Rheumatism	393
Congenital malformations and deformities	29
Diseases of the digestive and genito-urinary, heart, circulatory and respiratory systems	229
Injuries of head, face, neck, thorax, abdomen, pelvis, trunk, limbs, spine	168
Organic nervous diseases, epilepsy, poliomyelitis, multiple sclerosis, etc.	272
Neuroses, psychoses other than above	16
Tuberculosis, respiratory and non-respiratory	21
Diseases and injuries not specified	12
TOTAL ...	1,211

New registrations during the year ended 31st December 1970 were 255, as follows:

Male	Female	Total
90	165	255

During the year 4,741 visits were made to handicapped persons in their homes.

Special Vehicle

During the year the special vehicle made 180 journeys, transporting 2,700 handicapped persons at a total cost of £743 16s. 0d.

WELFARE OF THE DEAF AND HARD OF HEARING

The welfare of the deaf and hard of hearing is carried out on behalf of the Council by the Hampshire, Isle of Wight and Channel Islands Association for the Deaf in collaboration with the Department. The Committee was represented on the Council of the Association by the Chairman, Alderman Mrs. E. I. Pugh, and the Principal Welfare Services Officer, Mr. W. T. Dorricott.

HAMPSHIRE, ISLE OF WIGHT AND CHANNEL ISLANDS ASSOCIATION FOR THE DEAF

Report on Southampton Area for the year ended 31st December 1970

Fairbairn Hall

Towards the end of the year the activities at Fairbairn Hall were considerably curtailed because of the extensive rebuilding and constructural alterations to the premises. The Association was fortunate in being able to use St. Augustine's Church Hall by kind permission of the Vicar and Church Wardens. Temporary office accommodation was rented from the Corporation at 160 Northam Road.

Social Activities—Deaf

The Fairbairn Club continued its social functions with billiards and other indoor games, and the football team had several matches with other deaf clubs in the Southern Region.

This club is mainly for the born-deaf and those who use manual methods of communication. Normal meeting times are Saturday evenings and Wednesdays for younger people. On Tuesday afternoons the older people met until the end of September. These meetings will recommence when work on the new hall is completed.

The Bonhomie Minibus has been in regular use and is a great asset to the members when visiting other clubs.

A committee of management is elected annually and the Chaplain is the Chairman.

Hard of Hearing

Every Thursday evening this club has met and the membership has increased. It is primarily for people who use normal speech and lipreading and many wear hearing aids. Their activities are similar to the born-deaf but they are able to enjoy music for dancing. They have made several visits to Bristol as well as other outings.

Church Services

Services are held on the first and third Sundays every month, conducted in sign language. During the re-building of the Chapel the services have been held in St. Augustine's Church.

Welfare

The Chaplain and Lady Welfare Officer have dealt with numerous welfare cases involving close co-operation with the Welfare Department, Department of Health and Social Security, Department of Employment and Productivity, other departments of the Corporation, Hospitals and Clinics. Cases are referred to the Committee of the Association which meets monthly. Most of the deaf and hard of hearing have been in regular employment.

Some of the elderly people are visited regularly if they are unable to come to the club. Some television sets are supplied free of charge by the Royal National Institute for the Deaf and the Association has provided licences for those with limited income. Financial help is also given to those requiring holidays at Easthill—the Association's Home at Ryde.

Pensioners are assisted in the cost of travelling to and from the club.

Finance

We are very grateful to the Southampton Friends of the Deaf who have raised money towards the new building.

Staff

Changes have taken place in the staffing of the Association. Mr. F. D. Silk is now Secretary and deals with all administration business. The Rev. R. G. Young, previously Chaplain/Secretary is Chaplain/Superintendent responsible for Welfare in Southampton together with Miss E. A. Smith who is part-time Welfare Officer. Mr. E. Windebank is Appeals Officer. The office is normally staffed from 9 a.m. to 1 p.m. Mondays to Fridays.

Publicity

Every effort is made to keep the public informed of the provisions made for the deaf and hard of hearing. Literature is regularly circulated and can be obtained from the Secretary. Every year a marquee is used at the Southampton Show in July when members of the staff are there to discuss problems of the deaf.

Analysis of Register as at 31st December 1970

Age Groups	Deaf without Speech			Deaf with Speech			Hard of hearing			Grand Total
	M	F	T	M	F	T	M	F	T	
16-29	13	4	17	6	5	11	2	1	3	31
30-49	14	11	25	9	7	16	4	3	7	48
50-64	11	7	18	8	9	17	3	3	6	41
65 and over	6	5	11	5	5	10	1	23	24	45
TOTAL	44	27	71	28	26	54	10	30	40	165

BURIALS AND CREMATIONS, 1970

During the year 30 burials/cremations were carried out in accordance with the provisions of Section 50 of the National Assistance Act, 1948, at a cost of £532 18s. 2d. The sum of £388 10s. 7d. was recovered.

Persons dying in their own homes	...	...	...	16
Persons dying in Part III accommodation	...	...	...	9
Persons dying in transit to hospital	...	...	...	2
Persons found dead in other circumstances	...	...	...	3

HOME HELP SERVICE

MRS. D. TAYLOR, Home Help Organiser

Applications for Home Help continue to increase steadily. In April another Assistant Home Help Organiser was appointed. The administrative staff now consists of one Home Help Organiser and three Assistant Organisers.

During April the Organiser and three home helps were present at the International Conference of Home Helps which was held at the Froebel Institute, Roehampton. Many countries were represented and in spite of the language difficulty the atmosphere quickly became one of warmth and friendship. The three home helps who attended gave an excellent report to the Home Help Social Club of the lectures, in which they had obviously taken a lively interest.

On the 18th April the Home Help Social Club entertained sixty disabled and housebound patients at the Blind Centre to tea and a concert. The Lions Club were kind enough to provide the transport.

During the summer months there was a shortage of home helps. The difficulty experienced was knowing when to stop or reduce the amount of help given to each person in order to assist the new cases. The situation slowly improved towards the end of the year and with the increase in the wages of home helps it is hoped that more applicants will be forthcoming. The Organiser has had the opportunity to give talks on the Home Help Service to various sections of the community and this too should help with recruitment.

The training of home helps continues to be very successful and the benefit derived from the training is very rewarding. A word of appreciation should go to all the officers of the Health and Welfare Services who have contributed to training and helped to make it so successful.

In November the first residential home help was provided. This was for a maternity case. The home help slept in the home for the first six nights, then daily help was provided for the rest of the time. The family consisted of the mother, the new baby and two small children.

Cases helped during 1970

Aged and Infirm	Chronic Illness	Maternity	Others	Total
1,631	152	76	56	1,916
Number of Helpers on Register 1st January, 1970 ...				182
Number of Helpers on Register 31st December, 1970 ...				180

FAMILY CASEWORK SERVICE

MISS D. GUYATT, Senior Family Caseworker

1970 was the sixth year of the Family Casework Service. This service—instituted as a result of the Children and Young Persons Act of 1963—seeks to give intensive casework help to selected families 'at risk'. The methods used by the staff are varied and at times unconventional—but nonetheless families seem to respond to this approach and with such help seem to resolve their difficulties.

During 1970 the Family Casework Service said a regretful goodbye to the Misses Keith and Madge, both of whom retired after many years of service for the Corporation. By December, 1970 the Family Casework Service had a full comple-

ment of staff, i.e. four Family Caseworkers, including the Senior Family Case worker, and two Social Workers. The service also welcomed two trainee Inspectors of the N.S.P.C.C. who spent three months working with the agency. Another student from the London School of Economics spent a month of study with the service during the summer.

The Family Casework Service continued to organise various group activities including the Mothers' Club.

There have continued to be a wide variety of familiar problems referred to the agency. It is interesting to note that there is a marked increase in the number of families who are self referred. The agency dealt with approximately two hundred and twenty-eight referrals, ninety-nine of which were housing difficulties. Approximately forty cases were resolved after one interview.

The future of the Family Casework Service, like the other Social Service sections, is looking forward to and indeed expecting changes during 1971, but it is hoped in spite of these that the work of the agency can continue, if under another guise.

SCHOOL HEALTH SERVICES

ANNUAL REPORT

SCHOOL HEALTH SERVICE

FOR THE YEAR 1970

ANDRUS MCGREGOR

Principal

Frederick School, Madison, Ohio

City of Schenectady



City of Southampton

ANNUAL REPORT

on the

SCHOOL HEALTH SERVICE

For the Year 1970

by

ANGUS MCGREGOR,

M.A. M.D., D.P.H.

Principal School Medical Officer to the
City of Southampton

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report of your Principal School Medical Officer on the work of the School Health Service in Southampton for 1970.

The routine work of the service continued during the year in clinics and schools on the items shown in detail in the report, but increasing emphasis is being placed on the need for the assessment and care of handicapped children.

It is unfortunate that a recurring theme in the Report concerns the shortage of professional staff, medical officers, consultants, dentists and speech therapists, but every effort is being made to employ staff to the best advantage while there is also a constant need for close attention to financial priorities.

Towards these ends the computerisation of school medical records has begun satisfactorily in conjunction with the initial medical examination of children attending pre-school classes.

Increasing attention is being paid to maintaining the good health of our school children by the extension of Health Education into the schools, directed at teachers, student teachers and pupils, over a very wide range of subjects, including dental health education, of which details appear later in the report.

I should like to express my own appreciation of the co-operation of the Chief Education Officer and the teaching staff in the schools and colleges whose continued help means so much to the smooth running of a service of this kind. I also wish to express my thanks to the Chairman and Members of the Education Committee for their continued consideration and support.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

ANGUS MCGREGOR,
Principal School Medical Officer

EDUCATION COMMITTEE

Council Members

The Right Worshipful The Mayor (Alderman Mrs. L. A. Ironside)
Aldermen Mrs. Edmund Johnson (Chairman) and Pettet,
Councillors Mrs. Crane, Mrs. Fountain, Mrs. Franklin (Vice-Chairman), Mrs. Leeblade, Mrs. Lewis, Macmillan, Marshall, Mitchell, Mockett, Paine, Read-Brewster, Russell, Mrs. Smart, Speake, Tapper, Tidy, Vandervelde, Mrs. Warburton

Co-opted Members

Mr. J. S. T. Bishops
Mr. G. Cotton, B.Sc.
Mr. W. Dibben, B.Sc.
Mrs. W. Edmunds, B.Sc.
Canon K. W. H. Felstead, M.Sc.
The Reverend Father W. McDonald
Mr. H. V. Merwood
The Reverend Professor C. Morris
The Reverend A. Nagle, B.D.
Mr. C. W. G. Sturges

STAFF

Medical Officer of Health and Principal School Medical Officer:
Angus McGregor, M.A., M.D., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:
W. P. Cargill, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officers:

Catherine M. Atkins, M.B., Ch.B.
Jeannette B. Morrison, L.R.C.P., L.R.C.S., L.R.F.P.S.

School Medical Officers:

Bethan Davies, M.R.C.S., L.R.C.P.
A. C. Franks, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M. & H.
R. H. Hunt, O.B.E., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S.R.C.
Martha Lebermann, M.D.
H. D. Rossiter, M.B., B.Ch., D.P.H.
W. H. Skinner, L.R.C.P., L.R.C.S., L.R.F.P.
J. Russell, M.R.C.S., L.R.C.P.
Margaret Stewart, M.B., Ch.B.

Consultants:

Ear, Nose and Throat—Bernard Sugden, M.B., B.S., M.R.C.S., L.R.C.P., D.L.P.
Ophthalmic—C. B. Walker, M.A., B.A., M.B., B.Chir., F.R.C.S.*

*By arrangement with the Regional Hospital Board.

Consultant Psychiatrists (employed by Wessex Regional Hospital Board):

L. B. Bartlet, M.B., Ch.B., D.P.M., D.C.H. (Medical Director).
W. H. Allchin, M.A., M.D., Ch.B., D.P.M.
A. J. Harbott, M.B., Ch.B., D.Obst., R.C.O.G.
Lotte Rosenberg, M.D., D.P.M.

Educational Psychologists:

Mrs. M. L. Dickinson, M.A. (Oxon), Dip.Ed. (Oxon), B.A.
Mrs. E. M. Gould, M.A., M.Litt. (Part-time)
Mr. T. Lee

Therapist and Psychologist:
Mrs. E. Ellingham, Dip.Psych.

Psychiatric Social Workers:
Miss Isabel Beatty, A.A.P.S.W. (resigned November, 1970)
Miss C. R. East, A.A.P.S.W. (resigned May, 1970)
Miss J. Moxhay, B.A.S.W.
Mrs. P. M. Bow, B.A.S.W.

Principal Dental Officer:
Alan Edwards, F.D.S., D.D.P.H., R.C.S.

Senior Dental Officer:
D. L. H. Clark, L.D.S., R.C.S. (left November, 1970)

Orthodontist:
Mr. P. S. Robson, B.D.S., F.D.S., D.Orth., R.C.S. (Part-time)

Dental Officers
Miss B. H. Black, B.D.S.
D. T. Davis, L.D.S.R.C.S.
J. O. T. McGahon, B.D.S., N.U.Irel. (Part-time). (left April, 1970)
Mrs. K. D. Nijenhuis, L.D.S.R.C.S.
Mrs. M. Robson, B.D.S.
J. H. Thompson, L.D.S.R.C.S.

Dental Auxiliaries:
Miss M. C. Supple
Mrs. K. Sutton
Miss E. Montgomery (left February, 1970)

Speech Therapists:
Mrs. D. M. Walker, L.C.S.T., A.L.A.M. (Senior Speech Therapist)
Miss P. Blackmore, L.C.S.T. (resigned August 1970)
Mrs. P. A. Brookes, L.C.S.T. (Part-time)
Mrs. M. J. Olden, L.C.S.T. (Part-time)

Principal Nursing Officer:
Miss J. Foulds, S.R.N., O. O.W.D., H.V. Tutor Cert.

Superintendent Health Visitor:
Miss E. M. Clarke, S.R.N., S.C.M., S.T.D., H.V. (Cert.)

Principal Administrative Assistant:
W. M. Watts

Administrative Assistant:
R. A. Johnson

Consultant Anaesthetists:
W. L. M. Bigby, M.B.E., M.B., B.S., F.F.A.R.C.S. (Part-time)
J. G. Manners, M.B., Ch.B., F.F.A.R.C.S. (Part-time)

SCHOOL MEDICAL INSPECTION

The organisation has continued on the lines indicated in last year's report, with all children now invited to attend for their entry examination in the pre-school term. The system appears to be working satisfactorily, with only a few expected teething troubles. Some delay occurs as an accurate list of the children in the pre-school group at present can be obtained only from the head teacher. Next year, the computer should produce a more accurate list, as it will record all children born in the city, not just those known through their vaccination history.

As medical officers have concentrated on school entrants and on handicapped children, co-operation in the care of the school child has been sought from a wider field. A circular letter was sent to all general practitioners in the city, bringing them up to date with the philosophy of the Child Health section of the Department of Community Health, and informing them of the special educational facilities available. It also reminded them of their responsibility to arrange investigation of any child referred to them, or if they wished to postpone this, to ensure observation.

For the schools, the designation of one special nurse for a school has supplied them with a first line of reference in any trouble. The school nurse assists at the entry examinations, so that she profits from this initial contact with the child. She also carries out the routine vision checks, so that she is frequently in schools on routine matters and will become known to and respected by them.

School Departments

Analysis of Maintained School Departments and School Population on 1st January, 1971.

School Departments	Number	School Population
Primary	69	25,503
Secondary	17*	9,896
Secondary Colleges	3	1,531
Grammar	1	706
Special	2	269
TOTALS ...	92	37,905

*St. Annes School is not included in these figures as it is a direct grant school and not maintained by the Local Education Authority.

Number of Children Examined

School Departments								Children examined	Inter-views
Primary	...	...	...	...	...	...	...	3,534	
Secondary:									
(a) Neighbourhood Comprehensive	...	...	...	...	...	...	...	739	1,294
(b) Secondary Colleges	...	...	...	...	...	...	...	66	201
(c) Other Schools	...	...	...	...	...	...	...	81	88
Special:									
Aster House (Spastic)	...	...	...	...	...	...	...	26	
Netley Court (Day E.S.N.) (Juniors)	...	...	...	...	...	...	...	27	
Red Lodge (Day E.S.N.) (Seniors)	...	...	...	...	...	...	...	64	
TOTALS								4,537	1,583

The overall percentage of parents present at school medical inspection was 76.44%, 93% attended with entrants to school and 16% with school leavers.

Infestation

The assistant nurses under the supervision of the Health Visitors pay visits to schools during the term to check children for infestation. Where no infestation has occurred for over a year the routine examinations are discontinued and further visits are made only at the request of the head teacher. There are still a number of schools where regular visits are necessary.

The following table shows details of the types of schools at present inspected.

Type of School			Inspected Termly	Inspected Twice a Year	Inspected Once a Year
Infants	...	...	7	5	10
Juniors	...	...	5	5	15
Secondary	...	...	—	—	3

Facilities exist at all the Authority's school clinics for the cleansing of children and during the year 385 were cleansed. The following table shows the frequency of attendances.

269 children attended once

84	„	„	twice
24	„	„	three times
5	„	„	four times
3	„	„	five times

THE SCHOOL DENTAL SERVICE

REPORT BY MR. ALAN EDWARDS, the Principal Dental Officer

Whilst there have been changes in personnel, the overall position has changed little from the previous year. The amount of work carried out has shown a slight relative increase. This does not give rise to any complacency, since it should be possible to achieve a greater volume of treatment particularly amongst the younger children and every effort is being made to achieve this. At the time of compiling this report our establishment is short on one principal and two senior dental officers and one dental auxiliary. Some part-time sessions are also vacant.

It has been shown by the Government Social survey that those who received conservative treatment as children are most likely to be successful in retaining their teeth in adult life. It is also demonstrable that efficient conservative treatment early in life is most effective both in terms of patients' comfort and economy of dental manpower, therefore it should actively be encouraged. It is to the younger age group that the effort of this service is principally directed.

Dental Health Education has continued in schools. A puppet show has been produced which effectively puts over the message in a manner which is popular with the younger children and which encourages their interest and participation in this subject. It has not yet proved possible to establish an effective programme of dental health education as part of the regular educational curriculum in Southampton.

The incidence of dental caries continued to be high. Amongst Southampton eleven year olds, thirty-five per cent were found to be dentally fit as a result of treatment received, a further five per cent being naturally free from dental disease. Thus, approximately sixty per cent were in need of treatment. The position amongst school entrants aged five to six years showed that four per cent had been rendered fit as a result of treatment. Another fifteen per cent were naturally free from disease, thus over eighty per cent of this group were in need of treatment. It must be observed that fluoridation would have improved this situation markedly.

First and Middle Schools have been visited regularly and offers of treatment were made. Treatment was offered to teenage children only in special circumstances. It does appear that the majority are able to receive the treatment they need through the general dental services. Reference is made to the dental care of pre-school children in the report on the personal health services.

The impending acquisition of a mobile dental clinic, staffed by an additional senior dental officer, will provide treatment facilities which are more convenient for all concerned. A further increase in the proportion of your children treated should result.

OPHTHALMIC CLINIC

The table set out below gives details of the work carried out during the year with comparative figures for the years 1968 and 1969.

It will be seen that the numbers have dropped quite dramatically due to consultant attendances at the Clinic being further reduced to one session per week. Even this was ended in September and no ophthalmic clinic has been held since.

	1968	1969	1970
Attendances at clinic	1,742	1,300	345
Individual children seen by specialist ...	1,217	976	283
Submitted to refraction	460	387	127
Glasses prescribed	431	366	126
Received other treatment	17	9	4
Placed under observation	522	483	98
Found not to require treatment or observation	67	37	52
Number of individual children for whom spectacles were prescribed	381	330	118

EAR, NOSE AND THROAT CLINIC

MR. B. SUGDEN, Aural Surgeon, reports on the work of this clinic.

The Ear, Nose and Throat Clinic held twice weekly at the Central Health Clinic continues to provide a comprehensive service in this speciality. All the facilities of such a department of any general hospital are available under ideal working and psychological conditions for children.

Parents and doctors retain the right of referring children to another specialist of their choice at the Royal South Hants Hospital. By taking advantage of the provision made by the Local Authority, waiting periods for mutual consultation, and as a result admission to hospital for any necessary treatment, are speaking generally appreciably reduced.

Over the years the character of the work at this clinic has changed greatly. "Running Ears" are reduced to a minimum. Tonsil and adenoid problems remain but the criteria for surgical treatment are much stricter than in years gone by. Impaired hearing is by far the largest problem necessitating long periods of treatment and observation. Hearing assessment in the first year of school life, followed up by audiometry, means that many cases of unsuspected deafness are brought to light and referred to this clinic.

A summary of the work at the Aural Clinic in 1970 is shown in the following table:

	1970
Total attendances	1,184
New cases for consultation	504
Return cases for review or treatment	680
Tonsils and adenoid operations	74
Nasal and aural operations	17
Audiographs	58

IMMUNISATION AND VACCINATION

The bulk of vaccination is done in pre-school years, but booster diphtheria tetanus and polio are offered at four years and satisfactorily accepted. Booster tetanus and polio are advisable at school-leaving age also, and it is hoped eventually to include these in a systematic school programme. B.C.G. vaccinations are carried out in most 14-year-olds, and also in entrants to schools with large numbers of immigrant pupils. Vaccination against German Measles has been offered to girls aged 12 and 13 years for the first time and about 65% have accepted, which is quite an encouraging start. The sessions will commence early in 1971.

Type of Dose	Primary Courses	Reinforcing Doses
Diphtheria/Tetanus/Pertussis	13	26
Diphtheria/Pertussis	1	—
Diphtheria/Tetanus	120	2,866
Diphtheria	—	—
Pertussis	—	4
Tetanus	89	355
Poliomyelitis	139	2,971
Smallpox	111	215
Measles	392	—
B.C.G.	2,251	—
Rubella (German Measles)	26	—

Tuberculosis

The following table shows the number of children notified under the Public Health (Tuberculosis) Regulations, 1952, giving the previous year's notifications in brackets.

Pulmonary Tuberculosis							
Boys	...	...	...	...	...	1	(2)
Girls	...	...	...	...	...	2	(1)
Non-Pulmonary Tuberculosis							
Boys	...	...	...	...	...	1	(1)
Girls	...	...	...	...	...	—	(—)
TOTAL ...						4	(3)

CHILD AND FAMILY GUIDANCE CLINIC

DR. L. B. BARTLET, Medical Director, reports:

Clinic Data

The number of psychiatric sessions held was 574. There were 2,708 child and 534 parent attendances for interviews with psychiatrists. The psychiatric social workers conducted 1,901 interviews in the clinic and made 303 home visits.

Breakdown of Work Carried Out

Consultations	321
Treatments	1,327
Family Group Interviews	16
Reviews	277
Intelligence Tests	350
Educational Tests	31
Remedial teaching	530
Psychologist's interviews with child	9
Parent interviews	2,469

Total Referrals:

Sources of referral:

Doctors from various clinics...	...	...	...	...	77
Hospitals	...	...	...	...	20
Private doctors	...	...	...	...	100
Health Visitors	...	...	...	...	3
Head Teachers...	...	...	...	...	85
Chief Education Officer	...	...	...	...	9
Chief Constable and Probation Officers	...	...	...	...	40
Children's Officer	...	...	...	...	24
Parents	...	...	...	...	34
Psychiatrist	...	...	...	...	13
Catholic Child Welfare Society	...	...	...	...	1
Social Rehabilitation Committee	...	...	...	...	1

Features of the Year's Work

1970 was not marked by major change in the clinic's work. Trends commented on in previous reports are still in evidence. Family Group Therapy, for instance, described in last year's report, continues to be a growing technique.

There is an increasing demand for the emergency assessment of young people (under the age of sixteen) committed to general hospitals after drug overdoses. Finding adequate psychiatric time for this emergency work is beginning to prove difficult.

The Dorset Street Pre-School Playgroup, run by the Save the Children's Fund in close collaboration with the clinic, has been closed, and the staff have set up a new group at Chantry Hall. The Dorset Street Group, led by Mrs. Deacon, was a pioneering project aimed at helping youngsters with mild emotional difficulties. In most cases these children benefited so rapidly that they moved to normal schools at the age of five, and never looked back. This is an excellent example of preventive work in the field of Mental Health. Fittingly, the project was supported financially by the Southampton Association for Mental Health. To this Association, as well as the Save the Children Fund, our sincere thanks must go.

Demand for places at Dorset Street fell off in 1969 and 1970 for the best of reasons; the network of local playgroups in the city has developed so well and their staff are so competent and flexible that even difficult, socially immature children are being accommodated therein. In this context, tribute must be paid to the work of the local Pre-school Playgroups Association. Mention must also be made of the Education Authority's far-sighted policy of giving pre-school experience to children a term in advance of their official starting dates.

As the statistics show, a large slice of the clinic's work comes from schools—referred either by Head Teachers or School Medical Officers. Communication between clinic and the schools is obviously important. In practice, contact is not as full as it might be—and the fault here lies with the clinic, not the schools. One reason for this is the lack of Educational Psychologists, the usual "go-betweens". There should also be better contact between the Psychiatrists and the schools; especially so when the school children patients are in psychotherapeutic treatment with the Psychiatrists. Unfortunately, it is only in very exceptional circumstances that the Psychiatrists can find time to visit schools; and it is unlikely that psychiatric support will ever be sufficiently abundant to alter this state of affairs. But with the installation of a new telephone system at the Central Health Clinic it may well open the road to fuller verbal contact. Such contact is a two-way process, helpful to both the schools and the Psychiatrists. Psychiatrists do well to remember that teachers see infinitely more of the children in a greater variety of circumstances, than they do themselves.

Increasingly, the clinic staff are realising there is a need for a Day Centre for seriously disturbed children of all ages. The children in this category are usually

too disturbed to be contained in special classes or educational units for mal-adjusted children; and they require a great deal more than a short psychotherapeutic session in the clinic once a week. These children present less of a problem in cities such as Portsmouth which possess child psychiatric in-patient units, for there children can go on a nine to four basis to such units. Since there are no plans for an in-patient unit in Southampton, there are good grounds for establishing a Day Centre. Plans for such a centre have already been put forward.

The demands on the clinic staff as teachers continue to mount. Staff are currently participating in the training of advanced caseworkers, mental nurses, teachers, midwives, general practitioners, medical students, and they are providing a comprehensive course for residential Child Care workers at the Technical College. Further teaching cannot be done without additional staff; a fact that will have to be kept in view as the new medical school gets under way.

School Psychological Service

MRS. M. L. DICKINSON, Senior Educational Psychologist, reports:

Since writing the last report, Mr. Lee, the second Psychologist, has left us to take up an administrative post in Southport. We were exceedingly fortunate in gaining the services of Mrs. Marcer who will take up duty in January 1971.

The general situation remains the same, with an avalanche of work and the waiting list being kept in hand only with difficulty. The scope of the Educational Psychologists' work is constantly expanding, as it should do, and I hope that urgent attention can be given to increased secretarial backing, which would ease their load.

St. Mark's Tutorial Unit

Again, I give the figures for St. Mark's Tutorial Unit, which of all the special units in the city, is perhaps, the one most under the wing of the Educational Psychologists as every child there has had an intellectual, social and emotional assessment at the Child and Family Guidance Clinic. Again, I am happy to report on an extremely successful year. We very much regret having to say goodbye to Miss Potter, who, together with Mr. Young, formed a very loyal and hard-working partnership; as she left to get married we wish her every happiness. We have not yet been able to replace her but with part-time teachers loyally stepping up their time, we have maintained the work of the unit.

Number attending St. Mark's during year ...	...	35
Number admitted to St. Mark's during year ...	...	11
<i>Reason for admission:</i>		
School phobics ...	8	
Behaviour problems ...	2	
Medical ...	1	
Number discharged ...	...	10
<i>Destination of those discharged:</i>		
To employment ...	2	
To ordinary school ...	6	
To maladjusted boarding school ...	1	
Excluded ...	1	

I would just like to end my note on St. Mark's by saying that when we have a day school for maladjusted children, which I hope may be in the not too distant future, it will not, in any way, supersede the work of St. Mark's, which deals mostly with the withdrawn, more particularly school phobic, children. If these children were placed in the larger school environment of a day school for maladjusted children with a good many aggressive behaviour problems, they would become school phobic again in the first week. St. Mark's is highly specialised and it is because of this, I think, that it has such a high success rate.

SPEECH CLINIC

MRS. D. M. WALKER, Senior Speech Therapist, submits the following report

Miss P. Blackmore left Southampton in August, 1970. It has not been possible to fill this vacancy to date, due to a national shortage of speech therapists. This has placed considerable pressure on a depleted staff. It is interesting to note that the number of children waiting for advice on December 31st, 1970, exceeds by 130 the number of children who completed treatment in 1970. Two children with severe speech disorders have attended Moor House Residential School for the Speech Handicapped for a 5-day assessment.

Due to staff shortage, treatment is no longer available at Harefield, Millbrook and Townhill Park Clinics, nor at Aldermoor, Weston Park and Portswood Schools.

Details of sessions conducted by speech therapists and attendances can be seen in the following table:

Clinic	Sessions	Attendances
East Park Terrace	93	396
Swaythling	61	344
Sydney House	40	223
Bitterne Park	22	65
Thornhill	44	253
Oatlands House	132	547
Surrey House	68	271
Millbrook	54	279
Townhill Park	17	64
Harefield	8	47
Schools	184 ^{1/2}	1,692
Special Schools and Classes	204 ^{1/2}	1,587
Home Visits	8	11
TOTALS	936	5,779

Treatments given	5,230
Consultations	266
Check examinations	283
Children discharged	256
Children on register 31st December 1970 ...	679
Children on waiting list	
(a) for first consultations	108
(b) for check examination	272
	— 380
Number of pupils treated	460

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

As requested by the Department of Education and Science, arrangements were made to examine medically 53 candidates for teaching posts (27 male, 26 female) and 220 candidates applying for admission to Training Colleges (75 male and 145 female).

HANDICAPPED PUPILS

Blind and Partially Sighted Children

DR. STEWART reports:

In 1970 there were nine blind children on the register, one of whom was also physically handicapped. Seven were in residential schools and one was awaiting placement.

Of the twelve partially sighted children, one was also physically handicapped and one E.S.N. Five were in residential schools.

Deaf and Partially Hearing Children

DR. DAVIES reports: Screen tests of the hearing of babies are carried out by clinic sisters and health visitors, as well as by medical officers in clinics. As a result, the early identification of the deaf baby is now usual. Treatment and parent guidance is often started when the baby is between six months and a year old and admission to school is at two years. Assessment of the speech development of toddlers by health visitors brings forward large numbers of children who have retarded speech and language development. These have to be carefully assessed for hearing difficulties, although the majority of them have problems other than deafness. Audiometric screening in the schools is carried out firstly at between four and a half and five years, and secondly between ten and eleven years of age. The early screening produces large numbers of children with hearing problems and particularly catarrhal deafness, which usually responds well to treatment. The later screening is producing a small but appreciable number of children who have hearing difficulties which need investigation and treatment.

The special units for partially hearing children in the city continue to be full. The Nursery Unit at the end of the year contained twelve children and the Infant Unit fifteen. All twenty-seven children lived in Southampton. The Junior Unit contained nineteen children, of whom four were from outside Southampton and the Secondary Tutorial Unit contained fourteen children, of whom two were from outside Southampton. In addition, two babies under two were receiving training at home prior to school admission.

Ten children are at residential schools for the deaf and about half are weekly boarders. Three of these children started at residential schools in September, 1970 after a period at the Central Nursery Unit. There was a total of ten deaf children on the register at the end of the year, all of whom were at a residential school for the deaf. There were ninety-four children on the register as partially hearing and of these fifty-four were placed in one of the special units and the other forty were placed at ordinary schools and were receiving help from visiting teachers of the deaf.

There continues to be close liaison between the otologists, the School Health Service, the teachers of the deaf and the careers advisors in endeavouring to secure suitable employment for deaf school leavers.

Delicate Children

DR. W. SKINNER reports: There are 74 children registered as delicate and another 141 under observation. The number under observation has increased by 92 over last year's total of 49.

The total number of children both registered and under observation can be broken down into 8 groups as follows:

1. Asthma, including eczema	...	...	...	...	...	116
2. General debility including poor home and neglect	...	...	...	...	...	42
3. Heart disease	...	...	...	...	...	20
4. Kidney condition	...	...	...	...	...	6
5. Incontinence	...	...	...	...	...	6
6. Blood disorders	...	...	...	...	...	5
7. Obesity and emotional disorders	...	...	...	...	...	5
8. Fibro cystic disease	...	...	...	...	...	4

The remaining 11 have other major defects.

It will be seen that the first three categories contain the great majority of delicate children and the first two are mainly connected with chest conditions. General debility is often connected with bronchitis, and both with emotional disturbances.

Diabetic Children

DR. LEBERMANN reports: During 1970, 27 Southampton schoolchildren were known to be suffering from diabetes mellitus.

Two girls have been staying at diabetic hostels for some years on social grounds. Both have been progressing very well at school. The elder suffered one hypoglycaemic attack at school and during the summer holiday she had two severe hypoglycaemic attacks.

A third child, a boy of 13, was recommended for admission to a diabetic hostel during the year. He became very disturbed emotionally, failed to keep to his diet and secretly helped himself to sugar. He has been under the care of a psychiatrist for various symptoms of emotional disturbance and will probably derive great benefit from residence at a hostel.

Most of the other children are managing very well in ordinary schools. One six-year-old boy had a good attendance record, but suffered some hypoglycaemic attacks at school for which he was immediately given glucose by the teachers, who were aware of the danger signs.

Eight children were attending Junior Schools during the year. They have all been progressing satisfactorily within the limits of their innate ability.

Fourteen children are known of in Senior Schools; some of them have required hospital in-patient treatment and stabilisation. Marked visual deterioration also occurred in one grammar school girl.

Three children left school during the year and appeared to be perfectly well. One of them—a boy who had been very disturbed at school—is now working quite happily in one of the local stores.

In conclusion, apart from emotional disturbances, which appear to develop especially in adolescent boys, diabetic children are not as a rule handicapped in their educational progress, and function according to their innate ability. It is clear, however, that they require close supervision, that their vision must be frequently assessed and their teachers advised on their care.

E.S.N. Children

DR. C. M. ATKINS, Senior Medical Officer (Child Health) reports:

The definition of an educationally retarded child is one whose work is more than two years below the standard for his age. Although no reference is included to causation, it is always accepted that special placement is required only for those children whose innate ability is also below average. School doctors stand in a unique position, one foot in the field of medicine, the other in the field of educational interests. They are concerned, like any other doctor, for their patients, with the progress of the individual child. They seek also, in a more general way, to help the educational service.

Both these aims mean that we are interested in detecting and supervising children who are working below their potential. The reason may lie in the child himself (e.g. when emotional problems prevent learning), in the environment (e.g. when five changes of school occur in two years) or in the system of teaching, which may be right for the majority but wrong for an individual child. It is particularly useful to be able to include such children in the observation of 'unofficial' E.S.N. category, so that supervision is provided.

Some teachers would disagree with the inclusion of normal children even in an "observation" category. The crucial point is that any register should exist for the specific function of helping the child and, while it fulfils this, is justified. This may lead shortly to a further difference between teachers and doctors. There is a strong feeling in educational circles that handicap categories should be abolished, the rationale being that any handicapped child should be individually

assessed and catered for. Whilst this is true, doctors also believe that refinement of diagnosis means refinement of treatment and will probably continue to classify for their own purposes.

Epileptic Children

DR. W. SKINNER reports: The total number of epileptic children, or to use a better term, children with epilepsy, registered with the department is 15. This includes 4 pupils with epilepsy as a subsidiary defect. Children under observation number 66, a considerable increase. During the year, no pupils have been placed in residential schools whereas 2 pupils (males) were sent away to schools in 1969.

As far as is known, with the exception of one school, no great problems have arisen as the result of fits occurring in schools in Southampton itself. This may reflect the increasing effectiveness of the drugs used to control the symptoms. When, however, as in the exception mentioned above, several fits occur in one pupil, this can cause considerable disruption in school activities and the possibility of residential schooling has to be considered.

Haemophiliac Schoolchildren

DR. LEBERMANN reports: Three schoolchildren, two of them brothers, were known to be suffering from haemophilia during 1970. In addition, one child was suffering from Christmas Disease. He was not handicapped in any way and had a perfectly good attendance record. He left the country during the year. All three haemophiliac children were to some extent adversely affected. One boy had some absences from school and always seemed to be tired, unwell and worried. He was admitted to Lord Mayor Treloar's College and his first term there was satisfactory in every way; his absences from school being greatly reduced. His younger brother missed hardly any schooling during the year and has made satisfactory progress. He joined in all school activities with the exception of physical education.

The third boy started school during the year. He lost several weeks of schooling early on account of bleeding into a joint, and had to be admitted to hospital on three occasions.

Physically Handicapped Children

DR. FRANKS reports: There are 213 children on the physically handicapped register. Of these 112 are on observation, while the remaining 101 are on the official register.

Many of these handicapped children are able to attend normal schools. At three first schools in the city there are special classes where children of mixed handicaps receive extra care and can be observed. Aster House, the day school for physically handicapped children, has 24 places of which 6 are filled by children from the county. A new larger school is planned in the Lords Hill area but will not be opened until 1972.

The commonest handicaps are spina bifida with hydrocephalus (23) and cerebral palsy (22). Rarer cases are muscular dystrophy and osteogenesis imperfecta. An interesting case is that of a boy now aged 2 years with a rare metabolic disorder known as maple syrup disease. This was detected early in infancy and the special dietary measures may well have prevented cerebral degeneration.

Many children suffer from multiple handicaps. In assessing suitability for school the combined clinics held under the chairmanship of a paediatrician have continued to operate. There are 12 children attending residential special schools out of Southampton.

Speech Handicapped Children

DR. DAVIES reports: Retardation of speech and language development is very common in the pre-school child. The majority of cases are due to environmental causes and particularly to social isolation of the family, sometimes associated with depression in the mother. The assessment of the non-talking toddler is

difficult and time-consuming, as deafness, intellectual retardation, neurological defects, emotional problems and language disorders must be identified. Speech therapy may be started at about three years. Early identification of these children with communication problems is needed if adequate guidance is to be provided for the mother and treatment commenced. Playgrounds play a most useful part in stimulating speech and language development, especially in children deprived of such stimulation at home.

Children who at five years have a speech and language problem which handicaps them educationally are often placed in a special infant class where intensive speech therapy can be provided and where the teachers and the speech therapist can work together in treatment. The end result depends largely on the cause of the defect and the majority make good progress. A small number, usually with neurological damage, make very slow progress with speech, in spite of intensive help. Twenty-four children are on the register as primarily speech handicapped, while another thirty-four have a speech handicap which is a considerable, but not the primary handicap.

There is a dearth of residential places for children with severe speech handicaps, especially for those who are of low average intelligence or those who are functioning at an E.S.N. level but who have a primary speech disorder. These children have often to be contained in day schools where it is difficult to provide adequate treatment, particularly as speech therapists are in very short supply in the city, as in most other areas.

CLASSIFICATION AND PLACEMENT OF HANDICAPPED CHILDREN

Examination of Physically Defective Children

					Male	Female
Residential School for the blind	...	...	...	...	—	2
„ deaf	...	...	...	...	2	3
„ physically handicapped	...	...	...	...	3	1
„ diabetic	...	...	...	...	1	1
„ delicate (open air)	...	...	...	...	7	3
Day Nursery for the deaf	...	...	...	...	1	1
Day School for the deaf	...	...	...	...	1	2
Special class, ordinary school	...	...	...	...	12	4
Ordinary school	...	...	...	...	46	21
Deferred	...	...	...	...	31	17
Other examinations	...	...	...	...	7	3
Not defective	...	...	...	...	1	—
TOTAL					112	58

Examination of E.S.N. Children

Unsuitable for education in school	...	...	...	...	16	11
Day Special School	...	...	...	...	20	17
Board Special School	...	...	...	...	3	3
Special Class, Ordinary School	...	...	...	...	20	14
Ordinary School	...	...	...	...	16	8
Other examinations	...	...	...	...	11	11
Deferred	...	...	...	...	9	5
Not defective	...	...	...	...	4	4
TOTAL					99	73

Admissions to Special Schools

Physically Defective	...	...	...	...	...	...	20
E.S.N.							
Boarding	...	...	...	...	...	...	8
Day	...	...	...	...	...	...	70
Maladjusted	...	...	...	...	...	...	10
							108

Handicapped Pupils on Register

	Official Register	Subsidiary Defects	Total	Observation
Blind	8	1	9	—
Partially sighted	10	2	12	10
Deaf	10	—	10	—
Partially hearing	90	4	94	110
Delicate	67	7	74	141
Educationally subnormal	465	19	484	105
Epileptic	11	4	15	66
Maladjusted	78	13	81	73
Physically Handicapped	85	16	101	112
Speech Defect	24	34	58	43
Total No. of Children on Register	848			

Handicapped Pupils in Special Schools and Homes at 31st December 1970

Blind	...	...	...	...	...	...	4
Partially sighted	...	...	...	...	...	...	5
Deaf	...	...	...	...	...	...	8
Partially hearing	...	...	...	...	...	...	2
Delicate	...	...	...	...	...	...	40
Physically Handicapped:							
Residential	...	...	...	...	...	...	13
* Day	...	...	...	...	...	...	24
Epileptic	...	...	...	...	...	...	4
Maladjusted:							
Residential	...	...	...	...	...	...	52
Day	...	...	...	...	...	...	22
Educationally Subnormal:							
Residential	...	...	...	...	...	...	24
Day	...	...	...	...	...	...	266
Assessment classes:							
Portswood Junior Mixed and Infants' School	...	...	...	...	...	...	13
Wimpson Infants' School	...	...	...	...	...	...	16
Thornhill Infants' School	...	...	...	...	...	...	19
Special Deaf Classes:							
Central Infants' School	...	...	...	...	...	...	26
Tanners Brook Junior School	...	...	...	...	...	...	16
Hightown Secondary Mixed School	...	...	...	...	...	...	16

*Includes 5 from Hampshire County Area.

SCHOOL MEALS

The total number of meals served during the year was 4,305,520, including those served at the four Grammar Schools, viz. Taunton's, King Edward VI, Itchen and Grammar School for Girls.

On the 23rd September, 1970 when figures were supplied to the Department of Education and Science for School Meal Statistics, there were 21,229 children taking meals. The percentage of free meals was 13.5.

MILK IN SCHOOLS

During the year 3,842,900 third pints of milk supplied free of charge were consumed by children in the schools.

DEPARTMENT OF EDUCATION AND SCIENCE STATISTICAL RETURNS

Year Ended 31st December, 1970

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1971: 37,905.

PART I—Medical Inspection of pupils attending maintained primary and secondary schools (including nursery and special schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	No. of Pupils who have received full medical examination	Physical condition of pupils inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part III	Total individual pupils
1966 and later	564	564	—		20	188	196
1965	1,087	1,087	—		22	269	275
1964	1,395	1,395	—		48	389	399
1963	250	250	—		13	65	71
1962	102	102	—		3	26	29
1961	75	75	—		—	13	13
1960	78	78	—		1	14	15
1959	85	85	—		1	14	14
1958	67	67	—		4	18	20
1957	38	38	—	953	3	5	7
1956	170	170	—	630	12	54	62
1955 and earlier	615	615	—		35	53	75
TOTAL	4,526	4,526	—	1,583	162	1,108	1,176

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	2,174
Number of Re-inspections	...	...	...	...	...	...	5,619
						TOTAL	7,793

TABLE C—INFESTATION WITH VERMIN

Notes:

All cases of infestation, however slight, are recorded, and the numbers recorded relate to individual pupils and not to instances of infestation.

(a) Total number of examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	15,517
(b) Total number of individual pupils found to be infested	...	...				290
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944)	...	...	...			159
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944)	...	...	...			—

PART II—Defects found by Periodic and Special Medical Inspection

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	99	17	5	121	163
		O	54	19	15	88	7
5	Eyes						
		a. Vision	T	41	31	162	123
			O	20	19	115	101
		b. Squint	T	2	6	79	9
			O	1	2	32	3
		c. Other	T	1	—	8	1
6	Ears		O	1	2	8	4
		a. Hearing	T	12	17	228	271
			O	6	18	135	97
		b. Otitis Media	T	1	5	89	4
			O	—	12	57	6
		c. Other	T	2	3	32	32
7	Nose and Throat	O	41	4	10	55	7
		T	159	7	19	185	74
8	Speech	O	218	18	39	275	77
		T	90	1	4	95	16
9	Lymphatic Glands	O	75	—	4	79	9
		T	43	—	7	50	—
10	Heart	O	150	5	31	186	4
		T	30	—	6	36	4
11	Lungs	O	76	13	8	97	3
		T	73	7	2	82	11
12	Developmental	O	54	24	16	94	8
		a. Hernia	T	2	—	5	—
			O	—	1	7	1
		b. Other	T	—	4	50	4
			O	3	10	109	4
13	Orthopaedic	a. Posture	T	4	2	14	3
			O	4	6	30	5
		b. Feet	T	7	11	62	2
			O	9	28	116	9
		c. Other	T	6	3	37	4
			O	10	11	67	2
14	Nervous system	a. Epilepsy	T	1	2	7	8
			O	5	3	21	10
		b. Other	T	1	1	22	1
			O	3	21	13	2
15	Psychological	a. Development	T	1	23	44	183
			O	4	4	48	19
		b. Stability	T	4	6	109	11
			O	5	23	198	21
16	Abdomen	T	15	7	5	27	6
		O	23	3	13	39	—
17	Other	T	65	10	3	78	288
		O	41	10	13	64	32

T=Pupils found to require TREATMENT.
O=Pupils requiring OBSERVATION.

PART III—Treatment of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	5
Errors of refraction (including squint)	127
TOTAL ...	132
Number of pupils for whom spectacles were prescribed	118

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	16
(b) for adenoids and chronic tonsilitis	74
(c) for other nose and throat conditions	1
Received other forms of treatment	306
TOTAL ...	397
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1969	15
(b) in previous years	109

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
Pupils treated at clinics or out-patients' departments	101
Pupils treated at school for postural defects ...	5
TOTAL ...	106

TABLE D—DISEASE OF THE SKIN

	Number of cases known to have been dealt with
Ringworm	
(a) Scalp	—
(b) Body	—
Scabies	14
Impetigo	3
Other skin diseases	238
TOTAL ...	255

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been dealt with
Pupils treated at Child Guidance Clinic	924

TABLE F—SPEECH THERAPY

	Number of cases known to have been dealt with
Number of pupils treated by Speech Therapist ...	460

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments	108
Pupils who received convalescent treatment under School Health Service arrangements	—
Pupils who received B.C.G. Vaccination	2,251
Other than above:	
(i) Rheumatism and Heart	—
(ii) Nervous System	—
(iii) Developmental	—
(iv) Lungs	1
(v) Cervical glands	—
TOTAL ...	2,360

Dental Inspection and Treatment carried out by the Authority

Attendances and treatment

First visit	...	...	...	...	...	...	...	...	5,019
Subsequent visits	...	...	...	...	...	...	...	...	9,575
Total visits	...	...	...	...	...	...	...	...	14,594

Additional courses of treatment commenced	...	...	...	...	...	...	...	413
Fillings in permanent teeth	...	...	...	...	...	...	...	10,011
Fillings in deciduous teeth	...	...	...	...	...	...	...	4,161
Permanent teeth filled	...	...	...	...	...	...	...	8,028
Deciduous teeth filled	...	...	...	...	...	...	...	3,788
Permanent teeth extracted	...	...	...	...	...	...	...	1,238
Deciduous teeth extracted	...	...	...	...	...	...	...	3,641
General anaesthetics	...	...	...	...	...	...	...	899
Emergencies	...	...	...	...	...	...	...	947
Number of pupils X-rayed	...	...	...	...	...	...	...	871
Prophylaxis	...	...	...	...	...	...	...	1,228
Teeth otherwise conserved	...	...	...	...	...	...	...	1,920
Number of teeth roots filled	...	...	...	...	...	...	...	30
Inlays	...	...	...	...	...	...	...	3
Crowns	...	...	...	...	...	...	...	15
Courses of treatment completed	...	...	...	...	...	...	...	4,334

Orthodontics

Cases remaining from previous year	...	...	...	...	...	...	171
New cases commenced during year	...	...	...	...	...	...	68
Cases completed during year	...	...	...	...	...	...	52
Cases discontinued during year	...	...	...	...	...	...	6
Number of removable appliances fitted	...	...	...	...	...	...	146
Number of fixed appliances fitted	...	...	...	...	...	...	—
Pupils referred to Hospital consultant	...	...	...	...	...	...	13

Prosthetics

Pupils supplied with Full Upper or Full Lower (first time)	...	...	...	...	...	—
Pupils supplied with other denture (first time)	...	...	...	...	...	4
Number of dentures supplied	...	...	...	...	...	4

Anaesthetics

General Anaesthetics administered by Dental Officers	...	...	...	...	...	42
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Inspections

(a) First inspection at school:						
Number of Pupils	...	...	...	...	...	15,488
(b) First inspection at clinic:						
Number of Pupils	...	...	...	...	...	4,722
Number of (a) and (b) found to require treatment	...	...	...	...	...	13,267
Number of (a) and (b) offered treatment	...	...	...	...	...	10,510
(c) Pupils re-inspected at school clinic	...	...	...	...	...	2,158
Number of (c) found to require treatment	...	...	...	...	...	1,480

Sessions

Sessions devoted to treatment	...	...	...	...	...	2,849
Sessions devoted to inspection	...	...	...	...	...	109
Sessions devoted to Dental Health Education	...	...	...	...	...	171

